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A General Outline AND Syllabus on Hygiene

By
T. A. STOREY
Executive Secretary, United States Interdepartmental Social Hygiene Board

1920



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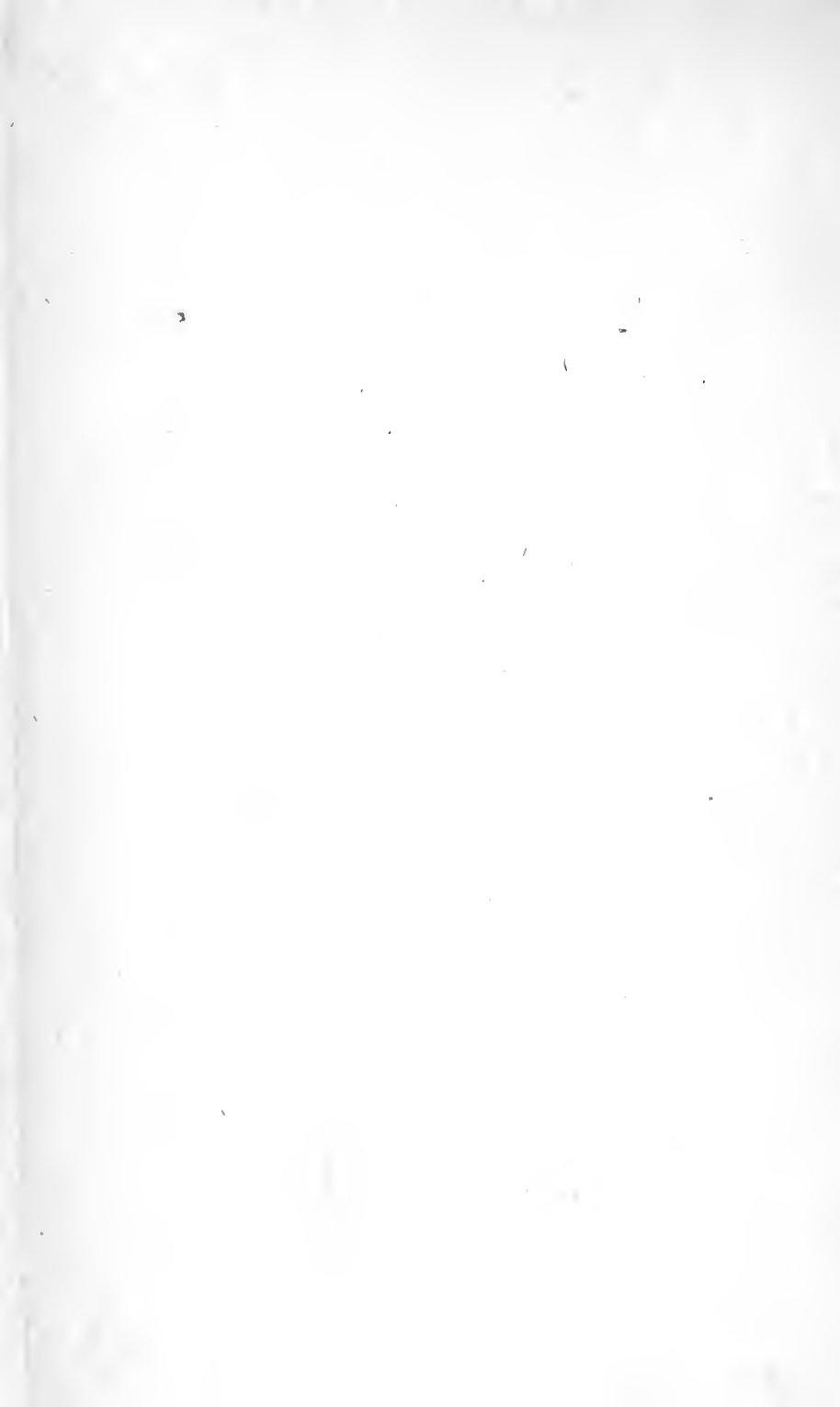
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A GENERAL OUTLINE - and - SYLLABUS ON HYGIENE

By

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A GENERAL OUTLINE AND SYLLABUS ON HYGIENE.

INTRODUCTION.

"SEC. 6. That there is here appropriated * * * the sum of \$300,000 which shall be paid to such universities, colleges, or other suitable institutions or organizations as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research, for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases * * *¹

This general outline and syllabus on general, individual, group, and intergroup hygiene has been issued for the assistance of those educational institutions that are cooperating with the United States Interdepartmental Social Hygiene Board for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases. Each of these institutions is under obligation to organize, or complete the organization of, "a department of hygiene, the curriculum of which shall include courses and conferences in informational hygiene, and courses, conferences, and training in the applications of hygiene, emphasizing, with appropriate and due proportion and with proper tact and persistency, the serious importance of venereal diseases, their causes, carriers, and prevention, and emphasizing at the same time the other important facts and applications of general hygiene, individual hygiene, group hygiene, and intergroup hygiene."²

Each of these institutions will develop its own programs and syllabi for the several divisions of activity covered by its department of hygiene in accordance with its agreement with the board. No institution is under obligation to use this particular syllabus for its courses in general, individual, group, and intergroup hygiene. Each of these departments of hygiene will develop its own more detailed presentation of these subjects, using the plan and the subject organization of this syllabus, if such usage seems wise. The directors of these departments of hygiene will supply the board with copies of their own syllabi on general, individual, group, and intergroup hygiene, and it is expected that the board will be given the benefit of such criticisms—especially constructive criticism—as the various ex-

¹ Taken from sec. 6 of Ch. XV, Pub. No. 193, 65th Cong., Army appropriation bill of July 9, 1918.

² From Regulations governing the Educational Research and Development Fund of the United States Interdepartmental Social Hygiene Board, par. 5, p. 4.

pertly qualified teachers in these several institutions may develop in relation to this syllabus.

This syllabus has been organized to cover four college terms of approximately 16 weeks each. Each of the four major divisions of the syllabus may be used for a two-hour course in a single term. It is assumed that one hour of class work calls for approximately two hours of preparation by the student. With these facts in mind, the professor or special teacher of hygiene will fill in his own details, develop his special emphases, and organize his class procedures, demonstrations, illustrations, graphic material, experiments, field work, quizzes, and assigned work to fit the needs of his own schedule and his own student groups.

It is obvious that general hygiene should be the first subject covered, and then that the applications of the general laws of hygiene to the individual, the group, and then to associations of groups form a logical sequence for the presentation of these main divisions of hygiene. General hygiene is concerned with the scientific facts that bear on health. Individual hygiene has to do with the applications of these facts to the health welfare of the individual. Group hygiene is concerned with the application of these laws for the health welfare of groups of individuals living together for periods of time, as in the home group, the school group, the factory, or the reformatory. Intergroup hygiene applies the laws of hygiene to the health welfare of many groups more or less intimately related to each other and dependent upon each other, as in the rural, village, or city community, or in the State or the Nation.

The second division of part 1 of this syllabus—individual hygiene—would appear at first sight to be disproportionately small. A closer examination, however, will discover the fact that its details call for a considerable expansion by the teacher. For instance, it is obviously unnecessary in this syllabus to expand to its logical limit the physiological, hygienic, and other considerations that must be considerably developed by the teacher in his class work on “individual health examinations and advice” or “the elements of human physiology” in connection with the care of the body and its organs.

The subject matter of individual hygiene, group hygiene, and intergroup hygiene falls very logically into several main divisions. These divisions have been designated in this syllabus as: Educational hygiene, informational hygiene, defensive hygiene, and constructive hygiene.

The important subdivisions of defensive hygiene are: Protective hygiene, preventive hygiene, remedial hygiene, and aggressive hygiene.

Educational hygiene is the instruction or training in hygiene that leads to the formation of habits of good judgment in matters that

relate to health and to the formation of good habits of conduct in relation to the preservation of health.

Informational hygiene is concerned with the acquisition of accurate and scientific knowledge relative to hygiene, and it is concerned also with the various methods that are effective for the distribution of this knowledge.

The term "defensive hygiene" needs no explanation other than that connected with the definitions of its subdivisions, which follow. *Protective hygiene* is a subdivision of defensive hygiene and deals with the passive measures that may be adopted for the care of the body and its organs, such as the building and equipment of habitations or the wearing of clothes, the habit of washing one's hands, and chewing one's food well, and so on. This, of course, is a very large subdivision of hygiene. *Preventive hygiene* includes more active procedures, such as vaccination or inoculation for the prevention of smallpox or typhoid fever or other diseases. The habits of cheerfulness and happiness belong to preventive hygiene, especially to preventive mental hygiene. *Remedial hygiene* covers first aid and emergency treatment, medical and surgical care, nursing, dentistry, and so on. *Aggressive hygiene* is a term that applies best to group or intergroup procedures that are concerned with the eradication of disease, using the word "disease" in a very broad sense. A "safety-first" campaign is a part of intergroup aggressive hygiene. The campaign against venereal diseases that was developed so vigorously during the Great War was a powerful piece of intergroup aggressive hygiene.

Constructive hygiene covers those parts of hygiene that have to do with growth, development, and the improvement of physiological functions. It includes nutrition, play, recreation, exercise and athletics, work, and rest.

The use of this framework or outline described above is recommended not only for the larger divisions of practical hygiene, but also such subdivisions of group hygiene as domestic hygiene, school hygiene, or institutional hygiene, and for such subdivisions of intergroup hygiene as rural hygiene, municipal hygiene, State hygiene, or national hygiene.

This general outline and syllabus on hygiene is taken very largely from publications developed by the author in connection with his work in the department of hygiene of the College of the City of New York and in connection with the formation and application of the syllabus on physical training proposed by the Military Training Commission of the State of New York and adopted by the regents of the University of the State of New York for use in all the schools of that State. It is hoped that the normal schools, colleges, and universities cooperating with the United States Interdepartmental Social Hy-

giene Board will make free use of the material contained in this general outline and syllabus on hygiene, giving such credit as may be deserved to the United States Interdepartmental Social Hygiene Board and to the author for having placed it at their disposal.

The United States Interdepartmental Social Hygiene Board has made its various appropriations to normal schools, colleges, and universities, assisting them in the organization of departments of hygiene and in the organization of programs for those departments under the strong conviction that the educational influences of these departments will be such as to produce a *citizenship possessed of a wiser judgment in matters that relate to health, a more accurate information concerning facts that relate to the preservation of health, and safer habits of defensive and constructive hygiene*. The board believes that no program of education in matters of hygiene is complete that does not include the venereal diseases and does not present accurate facts concerning the causes of those diseases, their carriers, and the effective defense of the individual, the home, and the community against their ravages. No institution cooperating with the board under this fund can do less than emphasize these facts in appropriate places and by proper methods in the various activities that make up its institutional program.

* If there is an accurate way through which to secure a measurement of the influence and the value of these departments of hygiene, that procedure should eventually demonstrate that these departments educate men and women to live longer and happier and to be physiologically more productive: to be wiser and better teachers of hygiene in their own families and in their relations with other human beings; and to be relatively more free from the preventable and avoidable diseases, including gonorrhea and syphilis, two diseases that are incapacitating so many human beings and destroying so many lives as to rank them among the very greatest enemies of mankind.

DEFINITIONS OF THE MAIN DIVISIONS OF HYGIENE.

Hygiene: The science and the art of preserving health. "A part of the wisdom of the Egyptians at least 1500 B. C."

General hygiene: The natural laws that govern health. The science of hygiene includes scientific information concerning the agents that injure health, the contributory causes of poor health, the carriers of disease, the defenses of health, and the producers of health (constructive hygiene).

Individual hygiene: The applications of the natural laws of hygiene for the health welfare of the individual.

Group hygiene: The applications of the natural laws of hygiene for the health welfare of groups of individuals, the members of a

group being associated more or less intimately with each other for considerable periods of time under common environmental influences, common hygienic advantages and disadvantages, and under common health responsibilities and regulations. Includes the hygiene of such groups as the family, the school, the occupations, and certain public institutions.

Intergroup hygiene: The application of the natural laws of hygiene for the health welfare of associated groups of humans, the several groups being dominated by common interests, exposed to common health dangers, and competent to establish and enforce common standards of individual and group responsibility for community health. Includes the hygiene of the rural community, the village, the city, the town or township, the county, the State, the Nation, and alliance of nations.

A WORD TO THE TEACHER AND TO THE STUDENT.

A slacker is a human who, being able, fails; one who can but does not try; one who could but does not "deliver the goods."

There never has been a place for such men and for such women; but the dead weight of their burden, the size of their useless expense, and the extent of their damage to the community and to the Nation is felt more to-day than ever before, and we are in no mood for such company.

It is possible to be a teacher slacker or a student slacker. There may be civilian slackers and there may be soldier slackers. The type of one's occupation does not exclude him from the class.

The program of instruction in hygiene outlined in this syllabus is for the teacher and for the student who proposes to make good. Its usefulness depends upon the determination of each to "deliver the goods."

A successful instruction in hygiene means fewer men in the civilian or military discard, less sickness, fewer postponable deaths, longer lives, greater national human resource, and larger national happiness. But there can be no successful instruction in and no adequate realization of these possibilities if either the teacher or the student is a slacker.

The effective presentation of this subject may be accomplished through recitations, discussions, and quizzes, written exercises, inspections, and conferences. Lectures, demonstrations, lantern slides, and motion pictures may serve a useful purpose if employed without reducing the necessity for thoughtful study on the part of the student and instructor. Informational hygiene is not of much use unless it in some way becomes applied hygiene. The instructor is wholly justified in holding his pupil responsible for the practice of a reason-

able degree of good individual hygiene. Poor posture, unclean wearing apparel, dirty fingernails, skin, or hair, poor dental hygiene, uncorrected visual defects, unsatisfactory care of the feet, poor muscular condition, and so on, are within reasonable limitations, evidences either of poor instruction or of poor application by the student and should be treated and recorded as such. Every recitation should require a thoughtful and careful preparation from the student and from the instructor.

Instruction concerning the facts of general hygiene and their practical application in individual hygiene and in group hygiene and intergroup hygiene as contemplated in this outline and syllabus, involves:

- A persistent emphasis of health as a national resource—of man power and of woman power as a national asset;
- An insistence that individual health is a serious patriotic duty and a compelling social obligation;
- An impressive reiteration of the supreme importance of saving the enormous amount of time, productivity, resource, and happiness lost in peace time and in war time on account of avoidable accident, preventable disease, and remediable physical defect;
- A constant repetition that will drive home the disturbing fact that we lose every day in peace or in war the services of an enormous army of men and women because of physical defect, poor health, avoidable accident, preventable disease, and postponable death;
- A convincing statement and restatement of the fact that national health depends equally upon the health habits of the individual on the one hand and upon those of the community on the other, and that the health progress of neither can go very far without the other;
- A deliberate and persistent effort to secure a compelling realization by the student of the fact that poor development, incapacity, inadequacy, poor health, and sickness are usually a man's own fault;
- The establishment of an ideal that will not permit the individual to expose himself uselessly to disability or disease;
- The cultivation of a biting conscience that will sting as against the accusation of being a slacker or a spy whenever a man yields to the temptation of being needlessly sick, as with gonorrhea or syphilis, or becomes voluntarily unfit for peace-time or war-time service, as with drunkenness or sexual excess, or in any other way "aids the enemy" through habits that take his strength, put him out of condition, and makes him a burden to those about him.

PART 1.

SYLLABUS ON GENERAL INDIVIDUAL GROUP AND INTERGROUP HYGIENE.

Division 1.—GENERAL HYGIENE.

I. THE AGENTS THAT INJURE HEALTH.

1. *The inanimate agents that injure health.*
 - (a) Mechanical agents. The source of many accidents, military and civil; postural defects and many precancerous irritations.
 - (b) Physical agents, such as heat, cold, variations in atmospheric pressure, light, X ray, and electricity.
 - (c) Chemical agents. Industrial and military; drugs.
2. *Animate agents—Pathogenic organisms.*
 - (a) Bacteria. Elementary facts of morphology, habitat, reproduction, avenues of entry into the tissues, influences on the human host, conditions modifying infection, elimination, etc.; stress particularly the common pathogens of respiratory, intestinal, and venereal diseases.
 - (b) Higher plants.
 - (c) Protozoa. Cover biology of the protozoa as completely as with the bacteria, giving special attention to the common and more dangerous forms.
 - (d) Higher animal parasites (metazoa). Cover only parasites of importance, such as the hookworm and the trichina.
3. *Physiological influences.*
 - (a) The hygiene of heredity. The vehicle of inheritance, the limitations of heredity, racial heredity, family heredity, the problems that arise from what the individual inherits and the problems that may arise from what he transmits, emphasizing particularly the influences of alcohol and syphilis. Hereditary disease distinguished from congenital disease.
 - (b) Prenatal hygiene. The development of the human from the union of two cells; influences that affect the health of the unborn babe; the hygiene of childbirth; importance of alcohol and venereal disease.

3. *Physiological influences*—Continued.

- (c) Age. Infancy, childhood, adolescence, maturity, old age.
- (d) Sex.
- (e) The secretions that may affect health through excess, deficiency, or absence.
- (f) Emotional influences (mental hygiene), such as anger, rage, fear, apprehension, obsession, nervous excitement ("shell shock," neuroses), sex emotion.
- (g) Neuro-muscular activity—excess, as in writer's cramp, fatigue.
- (h) Other functional excesses.

4. *Deficiencies and deprivations.*

The nature and the importance of the deprivations and deficiencies that injure health; health values of oxygen, water, food and food factors, work, play, recreation, cheerfulness, and rest, and the injuries that may be due to their insufficiency or absence.

5. *The unknown agents that injure health:*

- (a) The filterable and ultramicroscopic viruses and their importance.
- (b) The nature, prevention, and treatment of cancer.

II. THE CARRIERS OF PATHOGENS.

1. *The human carrier in health, while sick, and after recovery from disease:*

- (a) Dissemination of pathogens by way of the excretions and discharges from the respiratory tract; organisms eliminated in health, during disease, and after recovery; methods of elimination and transmission and conditions favoring; importance.
- (b) Dissemination by way of discharges from the eyes and the ears in health and disease.
- (c) Dissemination by way of the intestinal tract: importance.
- (d) Dissemination by way of the genito-urinary tract: importance.
- (e) Dissemination by way of the skin: surface contaminations and punctures by blood-sucking insects; opportunities for insects to secure pathogens from or through the skin.
- (f) Importance of the human carrier.

2. *Insect carriers:*

- (a) Sources from which insect carriers secure pathogens; ways in which they transport and distribute pathogens: consideration of special insects, their biology (elementary),

2. *Insect carriers*—Continued.

and their importance as disease carriers; ticks, flies, mosquitoes, fleas, lice, bedbugs, gnats, and possibilities with ants, cockroaches, etc.

(b) General preventive measures applied to insect carriers.

3. *Animal carriers*:

(a) Animals known to be carriers.

(b) Sources from which pathogens are secured.

(c) Ways in which animals carry and distribute pathogenic organisms—contact, excretions, blood-sucking insects, and animal foods (milk).

(d) Special consideration—dog, cat, cow, hog, rat, etc.

(e) Importance of the animal carriers.

(f) General preventive measures.

4. *Contact infections*:

Special consideration of the more important contacts and the common infections disseminated by such contacts—respiratory, venereal, and intestinal diseases.

5. *Infection through secondary carriers*:

Air currents, dust, water, food, etc.

III. THE CONTRIBUTORY CAUSES OF POOR HEALTH.

1. Definition, agents, influences, and conditions that make it easier for humans to become sick and harder to get well.
2. Influences that favor the multiplication of pathogens or their carriers, such as seasons, climate, weather, geographical location, soil, and drainage, especially favorable surroundings.
3. Influences that increase the vitality of pathogens or their carriers.
4. Influences that favor the distribution of pathogens and their carriers, such as seasons, climate, bad weather, drainage, transportation, travel, immigration, commerce, war, poverty, congestion, carelessness, ignorance, prostitution, etc.
5. Influences that tend to interfere with or break down our home and community (tent or camp) defenses, such as poor policing, poor discipline, carelessness, illiteracy, ignorance, vice, industrial conditions, business and commercial greed, immigration, low standards of hygiene, poverty, hazardous occupation, bad politics, experiences of war.
6. Influences that weaken the health defenses of the individual, making it easier for him to be sick and harder to get well, such as: (a) Age, sex, heredity, physical defects (defective vision, decayed teeth, sore gums, obstructed breathing, sore ears, defective heart, defective arteries and veins, chronic indigestion, bad posture, hernia, obesity, chronic irritations and inflammations,

the aftereffects of acute disease, traumatic injuries, etc.). functional excesses (e. g., worry, obsessions, excitement, etc., hard neuro-muscular labor, strain), dissipation (alcohol, drug, and other devitalizing habits), exposure. (*b*) Deficiencies and deprivations that contribute to poor health (e. g., inadequate nourishment from any cause—poor food, poor cooking, bad habits of eating, etc.—incomplete dietary, insufficient water, poor ventilation, inadequate work, poor recreation, insufficient play, unsatisfying rest, and unhappiness).

IV. DEFENSES OF HEALTH.

1. The nature and the importance of our natural environmental defenses, such as sun, light, heat, good air, unfavorable conditions for pathogens and their insect carriers.
2. Agencies that may be used to destroy pathogens and their insect carriers; removal and destruction of breeding and feeding places; antiseptics; home and community sanitation; emergency and first-aid measures.
3. Other "safety-first" measures in relation to mechanical, physical, and chemical agencies that injure health and destroy life.
4. The nature and the importance of the surface defenses of the individual: the skin, the mucous membranes, surface secretions, the cilia and their action, etc.
5. The nature and the importance of the internal human defenses in health and disease: phagocytes, lysins, antitoxins, etc.: the main facts of protective inflammatory reaction.
6. Individual defensive hygiene. General health defense of the individual; importance to the individual of wise health habits—good health is its own greatest defense. Emphasize importance of wise habits of (*a*) health information, (*b*) health examination and early and rational treatment of acute and chronic disorders, (*c*) bodily care and repair, (*d*) health protection, and (*e*) daily habits of adequate nourishment, effective excretion, vigorous work, sufficient interesting exercise, play and recreation, happiness and adequate rest.
7. Group and intergroup defensive hygiene:
 - (*a*) Defensive importance of high standards of intergroup, group, and individual hygiene. Good individual health is not easily possible in the presence of low standards of group or intergroup hygiene. On the other hand, good group or intergroup hygiene is not possible in the absence of good standards of individual hygiene.
 - (*b*) Definition of group and intergroup hygiene: Group hygiene has to do with the application of the laws of gen-

7. Group and intergroup defensive hygiene—Continued.

eral hygiene for the health defense of groups of individuals, as in the home, the school, the occupations, and in certain institutions. Intergroup hygiene has to do with the application of the laws of general hygiene for the health defense of associated groups of individuals, as in the rural community, the village, the city, the county, the State, the Nation, or in agreements between nations.

(c) Summary of some of the more important group and intergroup activities involved in defensive hygiene:

- (1) The construction of buildings, their location, relation to each other, material, structure, ventilation, heating, illumination, cleaning, plumbing, sewage, fire defense and protection, equipment and furniture, safety-first devices, freedom from nuisances, and so on.
- (2) The making, supervision, and use of streets, parks, recreation places, playgrounds, public baths, and so on.
- (3) Community water supply. Adequacy and safety for human consumption, fire protection, sewage disposal, etc.
- (4) Community illumination. Street lights, no dark alleys.
- (5) Community sewage.
- (6) Regulation of noise, smoke, fumes, odors, and other nuisances.
- (7) Street cleaning and garbage removal, street sprinkling, removal of snow.
- (8) Establishment and maintenance of hospitals, clinics, institutions for the sick, crippled, poor, and homeless.
- (9) Provisions for education in hygiene in rural, village, and city schools. Health examination of school children, physical training, and athletics.
- (10) The city, county, and State department of health and other agencies of the State or its various subdivisions that are concerned with the defense of health. (Police protection, law enforcement agencies.)
- (11) The United States Public Health Service, the United States Interdepartmental Social Hygiene Board, and the other Federal agencies active in the assistance of the States in the health defense of their citizens.

7. Group and intergroup defensive hygiene—Continued.

(c) Summary of some of the more important group and intergroup activities involved in defensive hygiene—Cont'd.

(12) The medical departments of the Army and of the Navy.

(13) Voluntary organizations concerned with defensive hygiene: the American Public Health Association; the American Social Hygiene Association; the Society for the Study and Prevention of Tuberculosis; the Red Cross; the International Board of Health, etc.

(14) Colleges, universities, medical schools, and other institutions with scientific laboratories concerned in the discovery of better methods of defensive hygiene.

(15) Special campaigns against: malaria, typhoid, tuberculosis, hookworm, gonorrhea, syphilis, pellagra, bubonic plague, cholera, yellow fever, industrial accidents, street accidents, and so on.

(16) Special organization and preparation for the after care of great disasters—fires, floods, famine, etc.

V. THE PRODUCERS OF HEALTH (Constructive Hygiene).

1. Sources and importance of reliable health information.

2. Heredity; importance of the conservation of good heredity.

3. Health examination and advice.

4. Care of the body and repair of its organs.

5. Special emphasis upon and discussion of the health-producing and health-conserving values of wise habits of (a) nourishment, (b) excretion, (c) play, recreation, exercise, and work, and (d) rest.

6. The value of hygiene: Good, active, aggressive health is the most important asset in the life of man, because the best success of whatever man undertakes is dependent upon the quality of health with which he supports his enterprises.

(a) Social values of such products of good hygiene as: Reduced morbidity; prolongation of life; increased physiological efficiency; better general education (susceptibility, receptivity); termination of poor heredities and improvement of others; greater happiness, contentment, and sociability.

(b) Economic values of the above products of good hygiene.

(c) Spiritual values of the same.

6. The value of hygiene—Continued.

(d) Civic and military values of man power and woman power. Lessons of the Great War; England; France; the draft; protection against destructive diseases; venereal disease campaigns, etc.

(e) Health a personal obligation and a patriotic duty.

Division 2.—SYLLABUS ON INDIVIDUAL HYGIENE.**I. INFORMATIONAL AND EDUCATIONAL HYGIENE.**

1. Sources of information, literature—books, pamphlets, journals, reprints, etc.
2. Surveys and investigations.
3. Parental instruction, health advisers, teachers.
4. Individual health examinations and advice. Importance of periodic examinations of posture, skin, eyes, ears, nose, teeth, throat, lungs, heart, arteries, blood, veins, abdomen, genital organs, urine, nervous reactions, joints, and signs or symptoms of abnormality. Importance of different age periods—infancy, childhood, adolescence, youth, maturity, and old age.
5. Health warnings, signs, and symptoms—their safe interpretations, significance, and use—e. g., pain, aches, cough, loss in weight, weakness, surface irritations, abnormal growth, shortness of breath, mouth breathing, nasal speech, mental backwardness, etc.
6. Obsessions, groundless fears, misinterpretations of unusual or unimportant sensations and functional experiences.
7. Unsafe tradition, superstition, misinformation; special applications to heredity, mental status, and sex life.

II. DEFENSIVE HYGIENE—THE CARE OF THE BODY AND ITS ORGANS.

1. *The elements of human physiology.*—Cover the more important elements of anatomy and physiology and protective hygiene involved in the care of the skin, muscles, the skeleton (bones and joints), the hair and the nails, the ears, eyes, nose, throat, teeth, lungs, heart, arteries, veins, blood and circulation, digestive organs, excretory organs, ductless glands (internal secretions), reproductive organs, heat-regulating organs, nerve centers, nerves, and emotions.
2. *Protective individual hygiene.*—Covered above in part. (See II (1).)
 - (a) Importance of periodic health examinations. Emphasize the protective and preventive use of information secured through such examinations. (See I (4), above.)

2. *Protective individual hygiene*—Continued.

- (b) Measures and habits for protection against pathogeons and their insect carriers, animal carriers, human carriers, and secondary carriers, such as infected water, infected milk, and other infected food, etc.
- (c) Care of certain organs for the protection of other organs: The teeth, in order to protect the joints, the heart, the nerves; the nose and throat, in order to protect the ears; the reproductive organs, in order to protect the brain, the mind, nerves, joints, etc.
- (d) "Safety-first" habits. Physical development and muscular endurance and control for protection from certain mechanical and physical injuries, as in swimming, rowing, the safe use of a rope fire escape, certain emergencies in military service, boxing, wrestling, and so on.
- (e) Protective habits in relation to chemical injuries. Safety from lead poisoning, illuminating gas, careless use of antiseptics and powerful drugs, and so on.
- (f) Protection of mentality. Protective mental hygiene, conservation of heredity, avoidance of venereal diseases and alcoholic poisoning. Hygiene of the emotions.

3. *Preventive individual hygiene.*

- (a) Possibility of increasing the active and passive immunity resources of the individual through constructive hygiene, e. g., through appropriate nourishment, adequate excretion, sufficient play, recreation, entertainment, and work, and satisfying rest.
- (b) Vaccination and inoculation for the prevention of certain infections. Possible value of venereal prophylaxis and its moral dangers.
- (c) Antiseptic and aseptic treatment of minor wounds.

4. *Remedial individual hygiene.*

- (a) First aid and emergency treatment.
 - (1) Accidents, mechanical, physical, and chemical.
 - (2) Infections.
 - (3) Pain.
 - (4) Unconsciousness.
- (b) Importance of early expert, reliable medical or surgical service in cases of important acute health injuries.
 - (1) Diphtheria properly treated within the first few hours of the infection practically always results in early recovery.
 - (2) Rabies, syphilis, gonorrhea, a common cold, tonsillitis, appendicitis, hernia, the partially drowned, etc.

4. *Remedial individual hygiene*—Continued.

- (c) Importance of early treatment of precancerous and cancerous conditions.

III. CONSTRUCTIVE INDIVIDUAL HYGIENE.

Cover in practical detail:

1. Nourishment; food and food constituents; water; habits of eating (importance of cheerfulness at meals, pleasant surroundings, appetizing food, slow eating, etc.).
2. Fresh air and sunshine.
3. The hygiene of growth, development, and training. Cover play, recreation and entertainment, exercise, athletics, and work, and their importance and limitations in the different age periods.
4. Rest, relative and absolute.

IV. INDIVIDUAL HYGIENE IN RELATION TO GROUP AND INTER-GROUP HYGIENE.

A basis for productive service. An obligation of the individual for the benefit and protection of society. High standards of group and intergroup hygiene are impossible in the presence of low standards of individual hygiene. One individual may destroy the defenses of a home or community.

Division 3.—SYLLABUS ON GROUP HYGIENE.**General Consideration of Group Hygiene.****I. DEFINITION AND SCOPE OF GROUP HYGIENE.**

This subject is concerned with the relations and applications of the laws of general hygiene to groups of individuals, the members of a group being associated more or less intimately with each other for considerable periods of time under common environmental influences, common hygienic advantages and disadvantages, and under common health regulations.

II. MAIN GROUPS TO BE DISCUSSED.

The social and economic variations and the dominating hygienic considerations that characterize—

1. *The home group*, e. g., the home without children; the home of the large family; the farm; the rural home; the city home; the home in the apartment house; the home in the hotel.

2. *The school group*, e. g., the kindergarten; the elementary school; the secondary school; the college or university; the professional school; the small school; the large school; the ungraded school; the graded school; the segregated school; the coeducational school; the rural school; the village school; the city school; the trade school; the night school; the continuation school.
3. *The employed group*, e. g., the brain workers; the muscle workers; sedentary occupations, active occupations, mining, agriculture, manufacturing, transportation, buying and selling; construction; the small employed group; the large employed group; the floating employee; the hazardous occupations; the seasonal occupations.
4. *The institutional group*:
 - (a) Institutions for the care of the acutely sick, e. g., the hospital.
 - (b) Institutions for the care of the chronically sick, the invalid, the cripple, the blind, the insane.
 - (c) Institutions for the commitment and restraint of offenders against law and order, the jail, the prison, the reform school, the reformatory.
 - (d) Institutions for the care of the poor and homeless.

III. THE ECONOMIC BASIS OF GROUP HYGIENE.

1. Good hygiene costs money. Health advantages are expensive. The price of good health is more than the individual can pay.
2. The group represents the combined intelligence and resource of its membership and can afford to purchase hygienic advantages that are not within the reach of the individual.
3. Tradition has taught the importance of utilizing the wisdom and intelligence of the most competent members of the group for its protection against the various enemies of the group, the agents that injure health being a very important inclusion.
4. Good hygiene produces health and prosperity through greater efficiency, longer life, lessened loss of working time, reduced expense for sickness, etc.

IV. THE SOCIAL BASIS OF GROUP HYGIENE.

1. Responsibilities of the individual to himself and to the group.
2. Responsibility of the chief member or chief members of the group to dominate and direct the policy of the whole group in the interest of the better health of the group.
3. Relation of health to poverty, illiteracy, retardation, delinquency, degeneracy, and crime, and to comfort, contentment, prosperity, and happiness.

V. THE MAIN SUBDIVISIONS OF GROUP HYGIENE.

1. *Educational hygiene*.—Concerned with the education of the individual that would lead him to maintain voluntarily and intelligently a high standard of individual hygiene and to do his part in maintaining a high standard of group and intergroup hygiene.
2. *Informational hygiene*.—Information derived from scientific investigations, surveys, statistics, individual health examinations, and so on.
3. *Protective hygiene*.—The applications of the laws of general hygiene for the protection of the individual or for the protection of groups of individuals.
4. *Preventive hygiene*.—Includes active, defensive measures or more vigorous procedures for the conservation of health.
5. *Remedial hygiene*.—Includes the handling of emergencies, first aid, medical and surgical treatment of acute and chronic diseases, and the correction and repair of physical defects.
6. *Aggressive hygiene*.—Includes programs for the eradication of disease carriers or for the removal of other agencies that injure health.
7. *Constructive hygiene*.—Has to do with those hygienic procedures that stimulate growth and development and that maintain the organic life of the individual. Constructive hygiene includes, therefore, (1) nourishment; (2) excretion; (3) work, play, recreation, entertainment, athletics; (4) rest, relative and absolute.

VI. CONSIDERATION OF THE SUBDIVISIONS OF GROUP HYGIENE IN RELATION TO THE MAIN GROUPS COVERED IN II ABOVE.

(A) GROUP EDUCATIONAL HYGIENE.

1. *Home educational hygiene*.
 - (a) Responsibilities and obligations of the parent or guardian.
 - (b) Importance of the opportunities presented in the different age periods of children for lasting, effective, dominating education in hygiene.
 - (c) Educational emphases to be especially stressed in infancy, childhood, and youth.
 - (d) The parent or guardian as a teacher of hygiene.
 - (e) The infant, child, or youth is the pupil.
 - (f) Method of instruction. Its variation in infancy, childhood, and youth. It varies also with different children and with the sexes.
 - (g) Content of home educational hygiene in the different age periods.

1. *Home educational hygiene*—Continued.

- (h) Hygienic importance of sex education. Necessity for a high type of character education.
- (i) Dominating influence of the economic, social, and educational status of the home.

2. *Educational hygiene in the school.*

- (a) Responsibilities of school trustees, superintendents, principals, and teachers.
- (b) Responsibilities of parents and guardians.
- (c) Importance of the opportunities presented in the different age periods of children in school in correlation with the educational hygiene of the home and for correcting and adding to that education. The influences of school educational hygiene are second only to that of the home. Important that both home and school should maintain high standards of educational hygiene.
- (d) Special educational emphases appropriate and important in the different grades of the elementary and secondary school; with different mentality; and in older children; and with the two sexes.
- (e) Every teacher a teacher of hygiene. The special teacher of hygiene. Physical training teacher. The athletic coach with older pupils. The classroom teacher has an opportunity second only to that of the mother to teach enduring habits of hygiene. Importance of training all teachers to meet their opportunities and obligations in educational hygiene. Perils of health instruction by untrained or poorly prepared teachers.
- (f) Every school child a pupil in hygiene. Every class and every recitation should bring its appropriate influence to bear upon right living. This emphasis must necessarily vary to a considerable degree in different classes.
- (g) Method of instruction varies with the grades, with the age of the pupil, with sex, with the subject, and with the school activity to which the instruction in hygiene is attached. Class instruction, group instruction, and individual conference. Importance of a confidential, personal, voluntary, and very tactful relationship in conferences on health with older children.
- (h) Content of educational hygiene for the different grades of the elementary and of the secondary school and for the sexes with the older children. Place of sex education in the elementary and secondary school, its serious importance, and its great dangers from wrong emphases by incompetent teachers.

2. *Educational hygiene in the school*—Continued.

- (i) Bearing of home education (or lack of it), preparation of teachers and of curriculum content upon the effectiveness of educational hygiene in the school.

3. *Educational hygiene in the occupations.*

- (a) Responsibilities and obligations of the employer to provide within reasonable limitations instruction in educational hygiene that will safeguard his employees.
- (b) Responsibilities of employees.
- (c) Importance of educational hygiene in the occupations. Seventy per cent of the children that enter elementary schools fail to graduate. Only 30 per cent of them enter the high school. Over 700,000 of our young men of military age were found illiterate in our Army during the Great War.
- (d) Educational emphases in the occupations.
 - (1) General instruction relative to common agents that injure health and to common health defenses, as in tuberculosis, typhoid, gonorrhea, syphilis, hookworm, pneumonia, and heart disease.
 - (2) Special instruction concerning the health hazards that are peculiar to the occupation of the worker.
- (e) The teacher of hygiene in the occupations.
 - (1) Older employees—influence sometimes good: often bad.
 - (2) Special teachers employed for the purpose in larger establishments.
 - (3) Agents from the department of health.
 - (4) Lecturers from university extension courses and from various associations and organizations concerned with the acquisition and conservation of health.
- (f) All employees should be pupils, but in order to accomplish this result instruction must be worth while.
- (g) Method of instruction: Lecture, demonstration, lantern slide, film, exhibit, conference, and literature.
- (h) Content of educational hygiene in the occupations. Should vary with the type of worker to be reached and with the type of occupation to which the worker is related. Should cover the laws of general hygiene that bear upon the daily life of the worker and should include the special health hazards to which he is exposed.

4 *Educational hygiene in the institutions.*

- (a) Responsibilities and obligations of the board of trustees or directors governing the institution, of the superintendent or other official in charge, and all other employees.
- (b) Responsibilities of inmates.
- (c) Importance of educational hygiene in institutions. The number of institutions and the number of people using them is steadily and very largely increasing. The Section on Women and Girls of the Commission on Training Camp Activities and later the field service of the Interdepartmental Social Hygiene Board contacted over 30,000 delinquent women and girls in the neighborhood of military and naval camps during the period in which the United States participated in the Great War. The restoration of many of these delinquents to health and usefulness is impossible without institutional care.
- (d) Educational emphases in the institutions must vary with the age, previous education and training, mental capacity, and disposition of the inmate. It is often a part of the special effort of the institution to prepare the inmate for return to normal life. It would seem logical to expect that provision be made in the various institutions safeguarding the health of the inmates while under the care of the institution and preparing them for their health obligations after leaving the institution.
- (e) The teacher of hygiene in the institution. Every member of the instructing staff in those institutions in which teachers are employed should be qualified to teach the elements of hygiene and should be expected to make such instruction a part of his regular teaching activity in the institution. In those institutions in which teachers are not employed provision should be made whereby qualified agents from the city, county, or State department of health or from university extension courses or societies and associations interested in public health may be secured for the instruction of inmates in hygiene.
- (f) All inmates should be "pupils." Within the limitations of institutional resource they should be classified in groups according to age, sex, mental condition, and educational needs.

4. *Educational hygiene in the institutions*—Continued.

- (g) The method of instruction must necessarily vary enormously in these different types of institution. The problems of education in hygiene in connection with the inmates of the several types of institutions under consideration are ordinarily very much more difficult than in the case of the normal child or citizen.
- (h) The content of Educational Hygiene in the institution must vary with the age, previous education, mentality, and special needs of the inmate. In general, it would seem logical to expect that within reasonable limitations institutions should see that their inmates are instructed concerning the general laws of hygiene and their common applications to the lives of their inmates. Special health needs and special health defects or deficiencies should receive appropriate educational consideration.

(B) GROUP INFORMATIONAL HYGIENE.

1. *Informational hygiene for the home.*

- (a) The sort of information needed by the parent or guardian for his own use and for his guidance in his relationship with the educational hygiene of the home. Information concerning the hygiene of heredity, prenatal hygiene, the hygiene of childbirth, the hygiene of infancy, childhood and adolescence, sex hygiene, and the preventive hygiene of venereal diseases. The parent should also have access to information concerning the laws of general hygiene, individual hygiene, group hygiene, and intergroup hygiene.
- (b) Informational hygiene for the children in the home. This information should be appropriate to the different age periods, the sex of the child, its previous education and information, and its general or special health needs.
- (c) The sources of informational hygiene. Stories, books, magazines, talks. The information imparted by the parent or guardian is the most important information that the growing child will receive. This is particularly true with reference to information given the child in response to its questions concerning the origin of life and problems of sex. The informational service of the parent in this connection may be very good or it may be and often is very bad. The boy or girl on the street, the immoral woman or the man of loose character is too frequently the source of uncorrected information or misinformation concerning hygiene received by the

1. *Informational hygiene for the home*—Continued.

child. Home education and home influences must neutralize impressions made by vicious associates, suggestive billboard advertisements, immoral moving picture and theatrical productions, and common presentation of sex problems in modern literature.

2. *Informational hygiene for the school.*

- (a) Informational needs of the teacher, principal, and superintendent. Unfortunately a very large proportion of teachers of children are immature, poorly educated, poorly prepared, inexperienced, and underpaid.
- (b) Informational needs of the children, particularly the older children. The sort of information needed in the school varies with the age of the school child and with his previous information concerning hygiene. It is evident that the older child can make use of a more serious type of information than the younger child.
- (c) The sources of informational hygiene for the school. Information concerning matters relating to general hygiene is secured through books, special magazines, health publications, special lectures, charts, diagrams, pictures, lantern slides, reels, demonstrations, reports on surveys, and investigations. The health examinations of teachers, employees, and children inform school officials and parents and, if necessary, the children themselves concerning their individual health needs.

3. *Informational hygiene for the occupations.*

- (a) The employer should have ready access to recent information concerning occupational hygiene as well as information concerning important advances in general hygiene. In those occupations in which the policy of the organization is dominated by a board of directors it would be productive of a better type of occupational hygiene if information of this type could be brought to the attention of the board.
- (b) Informational needs of employees.
- (c) Sources of information. Literature, lectures, moving-picture films, conferences, demonstrations.

4. *Informational hygiene for the institution.*

- (a) Informational needs of the directors or commissioners in charge of the institution and of the superintendent and other officials.
- (b) Informational needs of inmates. Varies from the type of inmate that can not receive information to the normal child in the orphan's home.

4. *Informational hygiene for the institution*—Continued.

- (c) Sources of information. The officers. The teaching staff where one is employed. Informing agents from the city, county, or State department of health; from university extension courses; from societies, associations, and organizations concerned in informational health publicity. Books, circulars, magazines, reports, lantern slides, moving-pictures, charts, demonstrations.

(C) CONSTRUCTIVE HYGIENE FOR THE GROUP.

1. *Constructive hygiene for the home group.*

- (a) Responsibility of the parent or guardian to make every reasonable provision for the establishment in the children of the family of good habits of nourishment, excretion, play, recreation, exercise, work and rest. Involves an obligation on the part of the parent or guardian to supply adequate opportunity for the development of these habits. Provisions for the practice of good habits of constructive hygiene in the home are essential to the acquisition and conservation of health, not only for the children of the home but also for the adult members of the family.

2. *Constructive hygiene for the school.*

- (a) Importance of provisions for and importance of the practice of wise habits of constructive hygiene by the teachers, other officials, and pupils in the school.
- (b) Lunch periods, school lunches, special attention to children showing evidences of malnutrition.
- (c) Adequate toilet facilities and reasonable encouragement of adequate excretion.
- (d) Equipment, schedule provision, teaching provision, incentive and stimulation for games, play, organized recreation, organized, directed, and supervised athletics.
- (e) Relaxation periods. Limitations of home work. Limitation of number of recitation hours per week. Rational management of examinations. Open-air schools; malnutrition classes, vacation schools, school camps.

3. *Constructive hygiene in the occupations.*

- (a) The lunch period. Some large establishments have found it profitable to supply restaurant facilities for their employees at cost prices. Adequate nourishment and low wages are not a possible combination unless the worker has income from some other source.
- (b) Importance of supplying adequate toilet facilities and reasonable opportunity for their use.

3. *Constructive hygiene in the occupations*—Continued.

(c) Optimum rate of work and quantity of output, "efficiency," fatigue, laziness, and shirking. Value of relief and rest periods of intermission.

(d) Provisions for and encouragement of recreation and athletics. Entertainment; encouragement of social life among employees.

4. *Constructive hygiene in the institution*.—The responsibilities and obligations of the commission or board in charge of the institution and of the superintendent or other chief officer of the institution for adequate provisions for and encouragement of good habits of nourishment, excretion, work, play, recreation, and, where consistent, athletics and rest for the inmates of such institutions.

(D) PROTECTIVE HYGIENE IN CERTAIN GROUPS.

1. *Protective hygiene in the home*.—The obligations of the parent or guardian make them responsible for a defensive policy toward the whole range of agencies that injure health and carry disease. Importance of the protection of heredity, prenatal protection, protection of the child and mother at time of childbirth, protection during infancy, childhood, and youth. Protection against human carriers, animal carriers, insect carriers, infected food and infected water, and protection against vicious moral influences.

2. *Protective hygiene in the school*.—The responsibilities of the trustees, teachers, and janitors in the school. Under obligation to provide protection for the different ages, sexes, and physical limitations under their care and supervision for a number of hours each day. This protection must be developed with reference to all the agencies that are commonly the source of injury to the health of school children and all the carriers that may bring injury to the health of school children. The responsibilities of the children, especially older ones in connection with protective hygiene. Responsibility of parents.

3. *Protective hygiene in the occupations*.—Responsibilities of employers, directors, and employees vary with different types of occupation and with different types of employees. Special protective measures involved in the hazardous employments. The employer is under obligation to protect the employee during periods of work, within reasonable limitations, from the common agents that injure health and from the common carriers of disease. He is under a peculiar obligation to protect his em-

3. *Protective hygiene in the occupations*.—Continued.

ployees from the health injury due to the special employment in which he is engaged. The employee is under obligation to take reasonable measures to protect his own health. He can not expect to be continued in employment if he needlessly exposes himself to disease or loses his health because of his own carelessness.

4. *Protective hygiene in the institution*.—Responsibilities of commissioners, directors, superintendent, or other chief officials. Special protections vary with different types of institution. Authorities are under obligations to protect their charges against the common agents that injure health and against the common carriers of disease. It is their special responsibility to provide protection against health injuries that are peculiar to the institution or group under their charge. The responsibility of inmates must vary from those of the foundling asylum or hospital for the insane to the home for the crippled.

(E) PREVENTIVE HYGIENE IN CERTAIN GROUPS.

1. *Preventive hygiene in the home*.—Importance of destroying agents that injure health. Removing the sources from which they come and eliminating their carriers. Problems of isolation, quarantine, sterilization, destruction of insects and their breeding and feeding places, care of animals, provisions of clean social life and healthy social contacts for the children and adults in the home. The importance of vaccination and inoculation against certain diseases.
2. *Preventive hygiene in the school*.—Regular health examinations of teachers, janitors, and children at intervals of a year—better at intervals of a half year. Rational treatment of carriers. Regulations concerning vaccinations and inoculations. Destruction of the breeding places and feeding places of insects. Installation of "safety-first" devices. Importance of physical and health eligibility requirements for admission to athletics and for continuation of athletic training.
3. *Preventive hygiene in the occupations*.—Periodic health examinations of officers and employees for carriers and effective treatment of carriers when such are discovered. "Safety-first" devices.
4. *Preventive hygiene in the institution*.—Periodic health examinations of officers, employees, and inmates, with proper isolation and effective care of carriers. Vaccination. Inoculation. Early treatment.

(F) REMEDIAL HYGIENE.

1. *Remedial hygiene in the home.*—Necessarily involves a relationship with hygienic advisers outside the home. Importance of adult intelligence and common sense with reference to the limitations of home treatment and the selection of safe hygienic advisers (physicians, nurses, etc.). Home judgment (diagnosis), home treatment, and home nursing should all be made as effective and dependable as is practically possible. Many homes can not use outside advice. It is too far away, or there may be none available, or it may be too expensive.
2. *Remedial hygiene in the school.*—Responsibilities of the teacher to be continually upon the alert for the detection of symptoms of abnormal health. Should be a subconscious sensitiveness on the part of the teacher and not necessarily a routine examination. Responsibilities of the principal or superintendent. Responsibilities of the medical examiner and the nurse. The importance of the "Follow up" after the medical inspection of school children for the purpose of discovering what has been done for the cases that are found in need of remedial treatment. Problems of remedial hygiene in the elementary school and in the secondary school.
3. *Remedial hygiene in the occupations.*—Importance varies with different occupations. First-aid and emergency measures. Availability of hospital service, medical and surgical help. Some large-sized establishments provide their own hospital facilities, clinic, medical service, and nurses for the effective remedial hygiene for their employees.
4. *Remedial hygiene in institutions.*—Importance of remedial hygiene varies in different types of institutions. Necessity for first-aid and emergency measures and for available hospital and clinical service (physicians and nurses). Importance of early treatment.

(G) HYGIENIC MEASURES FOR RECUPERATION, REHABILITATION, AND RESTORATION IN THESE GROUPS.

PROPERLY A PART OF CONSTRUCTIVE HYGIENE.

1. *Provisions for recuperation, etc., in the home.*—In the case of the average child in the home these procedures are matters of ordinary constructive and protective hygiene. Special provisions may be necessary in case of special health injuries. Such provisions should be developed with the advice of a reliable hygienic expert—a dependable physician—as in recovery from infantile paralysis, gonorrhea, typhoid fever, syphilis, pneumonia, tuberculosis, or influenza.

2. *Provision for recuperation, etc., in the school.*—No place in the ordinary school for pupils that require special hygienic measures for recuperation, rehabilitation, or restoration. Special classes, as after an epidemic of influenza or infantile paralysis. Organized more for pupils that are behind because of poor health than for the purpose of giving them special hygienic instruction. Open-air classes, malnutrition classes, vacation classes, school camps, etc.
3. *Provisions for recuperation, etc., in the occupations.*—Business demands make it unprofitable for the employer to provide employment for workers who are handicapped through the effects of acute or chronic health injury. It is, however, not uncommon for business concerns to make provision for those of their employees that sustain health injury because of their work with the concern. Employers' liability and workmen's compensation acts (provisions of intergroup hygiene) have become the law in 45 States. These provisions can not be said to apply directly to the recuperation, rehabilitation, and restoration of the injured worker. They do provide, however, more or less inadequately the means whereby the worker may help himself.
4. *Provisions for recuperation and rehabilitation in the institution.*—
 - (a) Necessity for such provisions and the nature of such provisions must vary in the different types of institutions.
 - (b) Responsibilities of institutional authorities. In institutions in which humans are committed for long terms there is a clear responsibility on the part of the institution to do everything that reasonably can be done for the acquisition and conservation of the health of its inmates. Such obligation from the point of view of the community (intergroup hygiene) includes provision for the restoration of the inmate to self-sustaining, protective, orderly health citizenship.
 - (c) The convalescent cripple must have something more from the institution than the scars of healed wounds or than artificial limbs. His future health welfare depends on his restoration to economic usefulness. He must be taught how to do something which will feed him and clothe him and give him at least the minimum requirements for bodily nourishment, bodily comfort, and self-respect.
 - (d) The delinquent woman must not only be cured of her venereal disease; she must learn how to support herself in an honorable way or remain in the reformatory or its equivalent under mild restraint in order that she may not infect others.

SPECIAL GROUP HYGIENE.

The more important groups that may call for special consideration are:

- (1) The family. (Domestic hygiene, home hygiene, or family hygiene.)
- (2) The school. (School hygiene.)
- (3) The college and university.
- (4) The occupations. (Industrial hygiene, occupational hygiene.)
- (5) The institution. (Institutional hygiene, hospital hygiene, hygiene of the reformatory, the jail, etc.)

These subjects in special group hygiene may be systematically studied and presented if they are developed with reference to their—

- (1) Educational hygiene.
- (2) Informational hygiene.
 - (a) Research, investigation, examination, etc.
 - (b) Distribution of information.
- (3) Defensive hygiene. Directed against the agents that injure health, the carriers of pathogens, and the contributory causes of poor health. Involves a consideration of—
 - (a) Protective measures.
 - (b) Preventive measures.
 - (c) Remedial measures.
 - (d) Aggressive measures.
- (4) Constructive hygiene.
 - (a) The hygiene of nutrition (and excretion).
 - (b) The hygiene of play, recreation, exercise, and work.
 - (c) The hygiene of rest.

The professor or special teacher of hygiene will develop his own syllabus and class presentation for such subjects in special group hygiene as may be included in his curriculum courses.

Division 4.—SYLLABUS ON INTERGROUP HYGIENE.

GENERAL CONSIDERATION OF INTERGROUP HYGIENE.

1. *Definition.*—Intergroup hygiene is concerned with the applications of the natural laws of hygiene to associated groups of humans, the several groups being dominated by common interests, exposed to common health dangers, and competent to establish and enforce legislation and regulations for the defense of their common health. These group relations are found in such entities as the rural community, the town, the village, the city, a combination of towns or villages or cities, the country, the State, a union of States, the Nation, and alliance of nations, Intergroup hygiene then comprehends such considerations as

1. *Definition*—Continued.

“rural hygiene,” “community hygiene,” “municipal hygiene,” “county hygiene,” “State hygiene,” “Federal hygiene,” and “international hygiene.” Obviously the establishment and support of standards of intergroup hygiene are largely governmental functions. The several divisions of intergroup hygiene are usually carried, if they are carried at all, by various departments of village, town, city, county, State, or National Government. The health regulations adopted, the health laws enacted, and the appropriations made in the interests of community health represent the hygienic education and judgment of the lawmakers and their advisers in a given community. Standards of intergroup hygiene can not, therefore, be high if the standards of the groups involved are not high. Just as the hygiene of the group is dependent upon the hygiene of the individuals that form the group, so the standards of hygiene maintained by groups in association with each other are dependent upon the standards of each group involved. It is evident that the individual is a compelling factor in the solution of the problems of group and intergroup hygiene. His education in hygiene, his information concerning the laws of hygiene, and his habits of hygiene have a dominating influence upon the standards of the hygiene of the group and of the association of groups of which he is an individual member. It is impossible, therefore, to disassociate individual hygiene, group hygiene, and intergroup hygiene. The education and training of the individual is the fundamental problem and obligation of group and intergroup hygiene, for upon the individual rests all progress and all improvement in the standards of the group, and of society, which is made up of association of groups. But neither the individual nor the group has ordinarily the authority, power, or resource with which to secure the educational and informational hygiene, or with which to provide the applications of hygiene, or through which to secure the regulation of individual or group conduct necessary for the establishment and maintenance of high standards of intergroup hygiene. The importance of this fact becomes impressively significant in the presence of a great disaster which brings death, incapacity, destruction of property, poverty, famine, and pestilence. Power and material resource come with organized government. The village, city, State, and Nation furnish the collective authority, the higher civic intelligence, and the larger financial resource necessary for the adequate health protection and for the progressive health improvement of the family and the individual.

2. *The economic basis of intergroup hygiene.*

- (a) The economic values of reduced morbidity, lowered mortality, and greater physiological efficiency; relation of physiological efficiency to the success of whatever enterprise man undertakes mentally, morally, or physically.
- (b) Economic importance to the individual and to the group.
- (c) Economic importance to the community, the city, the State, the Nation (i. e., to the association of groups).
- (d) Inability of the individual or of the group to furnish the necessary resource to secure hygienic advantages and defenses important to the health welfare of the individual and of the group.

3. *The social basis of intergroup hygiene.*

- (a) Social values of health—comfort, contentment, happiness, greater earning capacity.
- (b) Social values to the individual.
- (c) Social values to the group.
- (d) Intergroup social values—bearing of high standards of intergroup hygiene upon poverty, illiteracy, retardation, delinquency, crime, moral degeneracy, mental degeneracy, physical deterioration, and heredity.

4. *Legislative basis of intergroup hygiene.*

- (a) The health defensive agencies of intergroup hygiene are directly or indirectly the products of legislation, e. g., the county, the city, or the State department of health, the department of educational hygiene, the city hospital, reformatory, etc.
- (b) Importance of law enforcement. Police service, protection of water supply, suppression of prostitution, enforcement of quarantine.

5. *Discussion of the main subdivisions of intergroup hygiene.*

- (a) Intergroup educational hygiene. Obligations of the community, State, or Nation to provide education in hygiene for the individual groups that are without sufficient resource and authority to provide such education themselves. Educational hygiene is an important function of the department of health, the school, the college, the university, and the State and national department of education or its equivalent.

- (b) Intergroup informational hygiene. It is only through intergroup action that important surveys, inspections, examinations, investigations, researches, and records can be made from which will be secured accurate information relating to the problems of intergroup hygiene. It is also true that it is only through intergroup

5. *Discussion of the main subdivisions of intergroup hygiene.*—Con.

(b) Intergroup informational hygiene—Continued.

agencies that this information can be effectively distributed to the individuals and groups that are concerned. The acquisition and distribution of informational hygiene are functions of the department of health; scientific laboratories; the research divisions of colleges and universities, schools, societies, and organizations of experts.

(c) Intergroup protective hygiene. An important function of the department of health, the school, the police, and the other law-enforcement agencies.

(d) Intergroup preventive hygiene. An important function of the department of health.

(e) Intergroup remedial hygiene. An important function of the hospital, the clinic, and certain institutions concerned with the restoration and rehabilitation of health.

(f) Intergroup aggressive hygiene. An important function of the department of health and of special law-enforcement agencies, boards, or commissions. Includes campaigns against malaria, venereal disease, typhoid, tuberculosis, etc., organization and preparation for the relief of great disasters, such as fire, flood, tornadoes.

(g) Intergroup constructive hygiene. One of the most important functions of the school, the college, of the park, and of the playground.

(h) Intergroup reconstructive hygiene. An important function of certain institutions concerned with the rehabilitation and restoration of the inmate to some degree of useful productive citizenship.

6. *Discussion of the more important agencies of intergroup hygiene.*

(This discussion should be developed for each agency considered, using the following headings: Educational, informational, defensive, protective, preventive, remedial, aggressive, and constructive hygiene.)

(a) Legislative bodies as agencies for intergroup hygiene. It is only through authoritative competent legislation that programs of intergroup hygiene may become effective operating realities, safeguarding the health interests of the individuals and groups of individuals concerned. Through such legislation laws are provided and appropriations made—

(1) For the reporting and control of communicable diseases.

6. *Discussion of the more important agencies of intergroup hygiene—*
Continued.

(a) Legislative bodies as agencies for intergroup hygiene—
Continued.

(2) For the hygiene and sanitation of public buildings and streets.

(3) For the establishing of city, county, and State requirements in educational hygiene.

(4) For creating and empowering health officers, departments of health, and other law enforcement services.

(5) For providing for and regulating hospitals, clinics, reformatories, and other public institutions.

(6) For providing adequate and clean water supply, building sewer systems; constructing parks, playgrounds, and public baths.

(7) For regulating child labor, establishing a minimum wage, providing employers' liability and workmen's compensation policies, etc.

(8) And for other purposes of intergroup hygiene.

(b) Department of health. The source of promulgations on health, its acquisition, conservation, and defense for the entire community. The community or State agency for the investigation of health conditions, enforcement of health laws, the control of health emergencies, and so on.

(1) Discussion of organization and functions of—

a. Rural board of health and the rural health officer.

b. The village, city, or municipal department of health.

c. The State department of health.

d. A national department of health.

(c) Educational agencies; organization and intergroup hygiene functions of—

(1) The schools, their curricula on hygiene, physical education, medical inspection, etc.

(2) The college, the university, the research laboratory.

(3) The training school for teachers.

(4) The State department of education or its equivalent State educational body.

(5) A national department of education.

6. *Discussion of the more important agencies of intergroup hygiene—*
Continued.

(d) Governmental agencies concerned with intergroup hygiene. Analyze concisely the organization and relevant functions of the—

- (1) Medical service of the Army and other Army organizations.
- (2) Medical service of the Navy and other Navy organizations.
- (3) United States Public Health Service.
- (4) United States Interdepartmental Social Hygiene Board.
- (5) Bureau of Education, Department of the Interior.
- (6) Children's Bureau, Department of Labor.
- (7) Internal Revenue Service.
- (8) Bureau of Animal Industry.
- (9) Commission on training camp activities of the War Department and the Department of the Navy.

(e) Voluntary organizations that serve as agencies for intergroup hygiene. Analyze concisely the organization and relevant functions of the following:

- (1) The Red Cross.
- (2) The American Social Hygiene Association.
- (3) The Society for the Study and Prevention of Tuberculosis.
- (4) The State and Provincial Board of Health.
- (5) The International Board of Health.
- (6) The American Physical Education Association.
- (7) The Playground and Recreation Association of America.
- (8) The American Medical Association.
- (9) The National Education Association.
- (10) Universities, medical schools, scientific laboratories.
- (11) Selected charity organizations and other special health organizations.
- (12) Life insurance companies.
- (13) The Church, Sunday School, and other religious organizations.
- (14) The Boy Scouts and the Girl Scouts.

SPECIAL INTERGROUP HYGIENE.

The more important associations of groups that may be selected for special study and presentation are:

- (1) Rural hygiene.
- (2) Village and city hygiene. (Municipal hygiene.)
- (3) State hygiene. (Hygiene of the Commonwealth.)
- (4) Federal or national hygiene.

Each of these subjects may be systematically studied and presented if it is developed with reference to its—

- (1) Educational hygiene.
- (2) Informational hygiene.
 - (a) Research, investigation, examination, etc.
 - (b) Distribution of information.
- (3) Defensive hygiene. Directed against the agents that injure health, the carriers of pathogens, and the contributory causes of poor health. Involves a consideration of intergroup—
 - (a) Protective measures.
 - (b) Preventive measures.
 - (c) Remedial measures.
 - (d) Aggressive measures.
- (4) Constructive hygiene. Intergroup measures and provisions for—
 - (a) The hygiene of nutrition (and excretion).
 - (b) The hygiene of play, recreation, exercise, and work.
 - (c) The hygiene of rest.

The professor or special teacher of hygiene will develop his own syllabus and his own class program for such subjects in intergroup hygiene as may be included in his curriculum courses.

REFERENCES ON GENERAL HYGIENE, INDIVIDUAL HYGIENE, GROUP HYGIENE, INTERGROUP HYGIENE.

The references herein listed have been selected with considerable care by various agencies expertly qualified for the purpose. In many cases the books listed in the bibliography are recent editions. In a few instances it has seemed advisable to include books that were published several years ago. In such cases the teacher will have to weigh the value of the facts and the evidence contained. He must make his selections and pass his judgments with discriminating care. It is hoped that every teacher will thus develop his own syllabus and text and make them products of his own critical investigation and research.

GENERAL HYGIENE.

Author.	Title.	Publisher.
Abbott.....	Hygiene of Transmissible Diseases...	W. B. Saunders Co.
Bainbridge, F.A....	Physiology of Muscular Exercise....	Longmans, Green & Co.
Bainbridge, W. S....	The Cancer Problem.....	The MacMillan Co.
Beham.....	Pain.....	D. Appleton & Co.
Bergey.....	Principles of Hygiene.....	W. B. Saunders Co.
Billings.....	Focal infection.....	D. Appleton & Co.
Bishop.....	The Narcotic Drug Problem.....	The MacMillan Co.
Bowen.....	Applied Anatomy and Kinesiology..	Lea & Febiger.
Bundy.....	Textbook of Anatomy and Physiology	P. Blakiston's Son & Co.
Burbank.....	The Training of the Human Plant...	The Century Co.
Cabot.....	Physical Diagnosis.....	William Wood & Co.
Cannon.....	Bodily Changes in Pain, Hunger, Fear, and Rage.	D. Appleton & Co.
Chandler.....	Animal Parasites.....	John Wiley & Sons.
Chapin.....	How to Avoid Infection.....	Harvard University Press.
Do.....	The Sources and Modes of Infection..	John Wiley & Sons.
Chittenden.....	The Nutrition of Man.....	F. A. Stokes Co.
Conklin.....	Heredity and Environment.....	Princeton University Press.
Crissey.....	The Story of Foods.....	Rand, McNally & Co.
Curtis.....	Education Through Play.....	The MacMillan Co.
Davis.....	Consumption.....	F. A. Davis Co.
Doty.....	Good Health.....	D. Appleton & Co.
Do.....	Prevention of Infectious Diseases....	Do.
Do.....	The Mosquito.....	Do.
Dubois.....	Influence of the Mind on the Body..	Funk & Wagnalls Co.
Dulles.....	Accidents and Emergencies.....	P. Blackiston's Son & Co.
Edelmann.....	Meat Hygiene.....	Lea & Febiger.
Egbert.....	Hygiene and Sanitation.....	Do.
Eisenberg.....	Principles of Bacteriology.....	C. V. Mosby Co.
Fantham.....	Animal Parasites of Man.....	William Wood & Co.
Fishburg.....	Pulmonary Tuberculosis.....	Lea & Febiger.
Fisher-Berry.....	Physical Effects of Smoking.....	Association Press, N. Y.
Fisher-Fisk.....	How to Live.....	Funk & Wagnalls Co.
Folin.....	Preservatives and Other Chemicals in Food.	Harvard University Press.
Goddard.....	Feeble-mindedness.....	The MacMillan Co.
Do.....	The Kallikak Family.....	Do.
Goldmark.....	Fatigue and Efficiency.....	Russell Sage Foundation.
Gulick.....	A Philosophy of Play.....	Association Press, N. Y.
Do.....	Morals and Morale.....	Do.
Do.....	Physical Education by Muscular Exercise.	P. Blakiston's Son & Co.
Guyer.....	Being Well Born.....	The Bobbs-Merrill Co.
Haldane.....	New Physiology.....	J. B. Lippincott Co.
Hall.....	Nutrition and Dietetics.....	D. Appleton & Co.
Hartmann-Bibb....	The Human Body and Its Enemies..	The World Book Co.
Hill.....	The New Public Health.....	The MacMillan Co.
Hough-Sedwick....	The Human Mechanism.....	Ginn & Co.
Howard.....	The House Fly.....	F. A. Stokes Co.
Howe.....	How to Prevent Disease.....	Harper & Bros.
Hutchinson.....	Common Diseases.....	Houghton Mifflin Co.
Do.....	Preventable Diseases.....	Do.
Jewett.....	The Next Generation.....	Ginn & Co.
King.....	Battle with Tuberculosis.....	J. B. Lippincott Co.
Lee, R. I.....	Health and Disease.....	Little, Brown & Co.
Lee, Joseph.....	Play in Education.....	The MacMillan Co.
Lee, F. S.....	The Human Machine and Industrial Efficiency.	Longmans, Green & Co.

General hygiene—Continued.

Author.	Title.	Publisher.
Lochhead.....	Classbook of Economic Entomology..	P. Blakiston's Son & Co.
Lorand.....	Old Age Deferred.....	F. A. Davis Co.
Lusk.....	The Elements of the Science of Nutrition.	W. B. Saunders Co.
Marshall.....	Microbiology.....	P. Blakiston's Son & Co.
McCullum.....	Newer Knowledge of Nutrition.....	The MacMillan Co.
McKenzie.....	Exercise in Education and Medicine.	W. B. Saunders Co.
Metchnikoff.....	The Prolongation of Life.....	G. P. Putnam's Sons.
Overton.....	General Hygiene.....	American Book Co.
Parkes.....	Manual of Practical Hygiene.....	William Wood & Co.
Park-Williams.....	Pathogenic Microorganisms.....	Lea & Febiger.
Popenoe-Johnson...	Applied Eugenics.....	The MacMillan Co.
Price.....	Hygiene and Public Health.....	Lea & Febiger.
Rapeer.....	Educational Hygiene.....	Chas. Scribner's Sons.
Reese.....	Outlines of Economic Zoology.....	P. Blakiston's Son & Co.
Richards.....	Air, Water, and Food.....	John Wiley & Sons.
Rosenau.....	Preventive Medicine and Hygiene...	D. Appleton & Co.
Ross.....	The Reduction of Domestic Flies...	J. B. Lippincott Co.
Sargent.....	Health, Strength, and Power.....	Dodge Publishing Co.
Simon.....	Human Infection Carriers.....	Lea & Febiger.
Do.....	Infection and Immunity.....	Do.
Storey.....	An Epitome of General Hygiene.....	Department of Hygiene, College of the City of New York.
Thomas-Ivy.....	Applied Immunology.....	J. B. Lippincott Co.
Wallin.....	Problems of Subnormality.....	World Book Co.
Weaver.....	Mind and Health.....	The MacMillan Co.
Wide.....	Handbook of Orthopedic and Medical Gymnastics.	Funk & Wagnalls Co.
Williams.....	Healthy Living.....	The MacMillan Co.
Wiley.....	Beverages and Their Adulteration...	P. Blakiston's Son & Co.
Do.....	Foods and Their Adulteration.....	Do.
Winslow.....	Prevention of Disease.....	W. B. Saunders Co.
Zinsser.....	Infection and Resistance.....	The MacMillan Co.

INDIVIDUAL HYGIENE.

Bigelow.....	Sex Education.....	The MacMillan Co.
Bowers.....	Side stepping ill-health.....	Little, Brown & Co.
Brackett.....	Care of the teeth.....	Harvard University Press.
Brady.....	Personal Health.....	W. B. Saunders Co.
Brown.....	Principles of Nursing.....	Lea & Febiger.
Burnham.....	First Aid.....	Do.
Bussey.....	Manual of Personal Hygiene.....	Ginn & Co.
Cabot.....	A Laymen's Handbook of Medicine..	Houghton Mifflin Co.
Cady.....	The Way Life Begins.....	American Social Hy- giene Association, New York.
Camp.....	Keeping Fit All the Way.....	Harper & Bros.
Carroll.....	Mastery of Nervousness.....	The MacMillan Co.
Do.....	Our Nervous Friends.....	Do.
Chancellor.....	Health of the Teacher.....	Forbes & Co.
Chapin.....	Health First.....	The Century Co.
Coolidge.....	Adenoids and Tonsils.....	Harvard University Press.
Curtis.....	Recreation for Teachers.....	The MacMillan Co.
Eliason.....	First Aid in Emergencies.....	J. B. Lippincott Co.
Emerson.....	Nervousness.....	Little, Brown & Co.
Emerson-Betts.....	Physiology and Hygiene.....	Bobbs-Merrill Co.

Individual hygiene—Continued.

Author.	Title.	Publisher.
Exner.....	Rational Sex Life for Men.....	Association Press, N. Y.
Fielding.....	Sanity in Sex.....	Dodd, Mead & Co.
Fischer.....	The Physiology of Alimentation.....	John Wiley & Sons.
Fisher.....	The Health Care of the Growing Child.	Funk & Wagnalls Co.
Fisher-Fisk.....	How to Live.....	Do.
Forel.....	Nervous and Mental Hygiene.....	G. P. Putnam's Sons.
Foster.....	The Social Emergency.....	Houghton Mifflin Co.
Galbraith.....	Personal Hygiene and Physical Training for Women.	W. B. Saunders Co.
Do.....	The Four Epochs of a Woman's Life.	Do.
Gerrish.....	Sex Hygiene.....	The Gorham Press, Boston.
Gulick.....	The Efficient Life.....	Doubleday, Page & Co.
Hall.....	Girlhood and Its Problems.....	John C. Winton Co.
Do.....	Youth and Its Problems.....	Do.
Head.....	Mouth Hygiene.....	W. B. Saunders Co.
Hirschfeld.....	The Heart and the Blood Vessels.....	Funk & Wagnalls Co.
Hoag.....	Health Studies.....	D. C. Heath & Co.
Holt.....	Diseases of Infancy and Childhood.....	D. Appleton & Co.
Hopkins.....	The Care of the Teeth.....	Do.
Hough-Sedwick.....	Elements of Physiology.....	Ginn & Co.
Howard.....	How to Rest.....	Edward J. Clode.
Howe, G. L.....	How to Prevent Disease.....	Harper & Bros.
Howe, E. C.....	Syllabus of Personal Hygiene.....	Wellesley College.
Howell.....	Physiology.....	W. B. Saunders Co.
Hutchinson.....	A Handbook of Health.....	Houghton Mifflin Co.
Do.....	Instinct and Health.....	Dodd, Mead & Co.
Kaufmann.....	Care of the Mouth and Teeth.....	Rebman Co.
Kelly.....	High Road to Health.....	Dodd, Mead & Co.
Kerr-Agar.....	Lectures on Sex and Heredity.....	The MacMillan Co.
Kirkes.....	Handbook of Physiology.....	William Wood & Co.
Kitson.....	How to Use Your Mind.....	J. B. Lippincott Co.
Latimer.....	Girl and Woman.....	D. Appleton & Co.
Lippitt.....	Personal Hygiene and Home Nursing.	World Book Co.
Lowrey.....	Herself.....	Forbes & Co.
Do.....	Himself.....	Do.
Do.....	Preparation for Womanhood.....	Do.
Lyster.....	Textbook of Hygiene for Teachers.....	Warwick & York.
Malchow.....	The Sexual Life.....	C. V. Mosby Co.
Marshall.....	Mouth Hygiene.....	J. B. Lippincott Co.
Martin.....	The Human Body.....	Henry Holt & Co.
McCann.....	The Science of Eating.....	George H. Doran Co.
McIssac.....	Hygiene for Nurses.....	The MacMillan Co.
Moore.....	Keeping in Condition.....	Do.
Morrow.....	Immediate Care of the Injured.....	W. B. Saunders Co.
Mosher.....	Health and Happiness.....	Funk & Wagnalls Co.
Mumey.....	Hygiene for Nurses.....	C. V. Mosby Co.
Owen.....	Treatment of Emergencies.....	W. B. Saunders Co.
Posey.....	Hygiene of the Eye.....	J. B. Lippincott Co.
Pusey.....	The Care of the Skin and Hair.....	D. Appleton & Co.
Pyle.....	Personal Hygiene.....	W. B. Saunders Co.
Richards.....	Hygiene for Girls.....	D. C. Heath & Co.
Starr.....	The Adolescent Period.....	P. Blakiston's Son & Co.
Stiles.....	Human Physiology.....	W. B. Saunders Co.
Do.....	Nutritional Physiology.....	Do.
Do.....	The Nervous System and Its Conservation.	Do.
Stokes.....	The Third Great Plague.....	Do.
Tolman.....	Hygiene for the Worker.....	American Book Co.
Town.....	Habits that Handicap.....	The Century Co.

Individual hygiene—Continued.

Author.	Title.	Publisher.
Walters.....	Principles of Health Control.....	D. C. Heath & Co.
Walton.....	Peg Along.....	J. B. Lippincott Co.
Do.....	Why Worry.....	
Weaver.....	The Mind and Health.....	The MacMillan Co.
White.....	Principles of Mental Hygiene.....	Do.
Wile.....	Sex Hygiene.....	Duffield & Co.
Winslow.....	Healthy Living.....	C. E. Merrill & Co.
Woodhull.....	Personal Hygiene.....	John Wiley & Sons.
Woodworth.....	The Care of the Body.....	The MacMillan Co.

GROUP HYGIENE.

Adams.....	The Health Master.....	Houghton Mifflin Co.
Andress.....	Health Education in Rural Schools.....	Do.
Ashburn.....	The Elements of Military Hygiene.....	Do.
Ayers.....	Open Air Schools.....	Doubleday, Page & Co.
Do.....	Healthful Schools.....	Houghton Mifflin Co.
Bancroft.....	The Posture of School Children.....	The MacMillan Co.
Bashore.....	Overcrowding and Defective Housing.....	John Wiley & Sons.
Do.....	Sanitation of a Country Home.....	Do.
Do.....	Sanitation of Recreation Camps and Parks.....	Do.
Brewer.....	Rural Hygiene.....	J. B. Lippincott Co.
Broadhurst.....	Home and Community Hygiene.....	Do.
Bryant.....	School Feeding.....	Do.
Burgenstein.....	School Hygiene.....	F. A. Stokes & Co.
Burk.....	Health and the School.....	D. Appleton & Co.
Coolidge.....	Home Care of Sick Children.....	Do.
Cornell.....	Health and Medical Inspection of School Children.....	F. A. Davis Co.
Cutler.....	The Care of the Sick Room.....	Harvard University Press.
Donahoe.....	Manual of Nursing.....	D. Appleton & Co.
Dressler.....	School Hygiene.....	The MacMillan Co.
Fisher and Fisk....	Health for the Soldier and Sailor.....	Funk & Wagnalls Co.
Forsyth.....	Children in Health and Disease.....	P. Blakiston's Son & Co.
Gerhard.....	Sanitation of Public Buildings.....	John Wiley & Sons.
Do.....	Modern Baths and Bath Houses.....	Do.
Harris.....	Health on the Farm.....	Sturgis & Walton Co.
Harrison.....	Home Nursing.....	The MacMillan Co.
Hoag and Terman..	Health Work in the Schools.....	Houghton Mifflin Co.
Holt.....	Diseases of Infancy and Childhood..	Do.
Kelly and Bradshaw	Handbook for School Nurses.....	The MacMillan Co.
Kober and Hanson..	Diseases of Occupation and Vocational Hygiene.....	P. Blakiston's Son & Co.
Lynch.....	How to Keep Fit in Trench and Camp.....	Do.
Do.....	Special First Aid Editions: Miners, Police, Firemen, Railroad, Women.	Do.
Neumeyer.....	Medical and Sanitary Inspection of Schools.....	Lea & Febiger.
O'Donnell.....	The Family Food.....	The Penn Publishing Co.
Ogden.....	Rural Hygiene.....	The MacMillan Co.
Osborne.....	The Family House.....	The Penn Publishing Co.
Price.....	The Modern Factory.....	John Wiley & Sons.
Pryor.....	Naval Hygiene.....	P. Blakiston's Son & Co.
Putnam.....	School Janitors.....	Press American Academy of Medicine, Easton, Pa.

Group hygiene—Continued.

Author.	Title.	Publisher.
Richards.....	Home Sanitation.....	Whitcomb & Barrows.
Shaw.....	School Hygiene.....	The MacMillan Co.
Solis-Cohen.....	The Family Health.....	Penn Publishing Co.
Starr.....	Hygiene of the Nursery.....	P. Blakiston's Son & Co.
Strong.....	Home Hygiene and Care of the Sick..	Do.
Struthers.....	The School Nurse.....	G. P. Putnam's Sons.
Talbot.....	House Sanitation.....	Whitcomb & Barrows.
Terman.....	Hygiene of the School Child.....	Houghton Mifflin Co.
Thompson.....	The Occupational Diseases.....	D. Appleton & Co.
Tolman.....	Hygiene for the Worker.....	American Book Co.
Whipple.....	Questions in School Hygiene.....	C. W. Bardeen, Pub- lisher.
Winslow.....	The Home Medical Adviser.....	D. Appleton & Co.
Wright.....	Industrial Nursing.....	The MacMillan Co.

INTERGROUP HYGIENE.

Addams.....	The Spirit of Youth and the City Streets.	The Macmillan Co.
Allen, E. F.....	Keeping Our Fighters Fit for War and After.	The Century Co.
Allen, W. H.....	Civics and Health.....	Ginn & Co.
Ash.....	Organization in Accident Prevention.	McGraw-Hill Book Co.
Bashore.....	Outlines of Practical Sanitation....	John Wiley & Sons.
Blair.....	Public Hygiene.....	The Gorham Press.
Bowen.....	Safeguards for City Youth at Work and at Play.	The Macmillan Co.
Brainard.....	Organization of Public Health Nursing.	Do.
Broadhurst.....	Home and Community Hygiene.....	J. B. Lippincott Co.
Brown.....	Health in Home and Town.....	D. C. Heath & Co.
Cabot.....	Social Work.....	Houghton Mifflin Co.
Capes.....	Municipal Housecleaning.....	E. P. Dutton & Co.
Colman.....	The People's Health.....	The Macmillan Co.
Egbert.....	Hygiene and Sanitation.....	Lea & Febiger.
Endleman.....	Meat Hygiene.....	Do.
Fielding.....	Sanity in Sex.....	Dodd, Mead & Co.
Flexner.....	Prostitution in Europe.....	The Century Co.
Ford.....	Elements of Field Hygiene and San- itation.	P. Blakiston's Son & Co.
Foster.....	The Social Emergency.....	Houghton Mifflin Co.
Fredericksen.....	The Story of Milk.....	The Macmillan Co.
Gardner.....	Practical Sanitation.....	C. V. Mosby Co.
Gerhard.....	Guide to Sanitary Inspections.....	John Wiley & Sons.
Godfrey.....	The Health of the City.....	Houghton Mifflin Co.
Gorgas.....	Sanitation in Panama.....	D. Appleton & Co.
Harrington.....	Practical Hygiene.....	Lea & Febiger.
Hemenway.....	American Public Health Protection...	Bobbs-Merrill Co.
Hill.....	Sanitation for Public Health Nurses...	The Macmillan Co.
Do.....	The New Public Health.....	Do.
Hodge-Dawson.....	A Civic Biology.....	Ginn & Co.
Hough-Sedwick.....	Hygiene and Sanitation.....	Do.
Hunter.....	Civic Biology.....	American Book Co.
Hutchinson.....	Civilization and Health.....	Houghton Mifflin Co.
Do.....	Community Hygiene.....	Do.
Klein.....	Milk Hygiene.....	J. B. Lippincott Co.
Kneeland.....	Commercial Prostitution in New York	The Century Co.
Leland.....	Sanitation in War.....	P. Blakiston's Son & Co.

Intergroup hygiene—Continued.

Author.	Title.	Publisher.
MacNutt.....	Manual for Health Officers.....	John Wiley & Sons.
March.....	Towards Racial Health.....	E. P. Dutton & Co.
McCann.....	The Starving World.....	G. H. Doran & Co.
Overlock.....	The Working People.....	The Blanchard Press.
Overton.....	The Health Officer.....	W. B. Saunders Co.
Pani.....	Hygiene in Mexico.....	G. P. Putnam's Sons.
Parkes.....	Hygiene and Public Health.....	P. Blakiston's Son & Co
Parsons.....	Disposal of Municipal Refuse.....	John Wiley & Sons.
Price.....	Handbook on Sanitation.....	Do.
Do.....	Hygiene and Public Health.....	Lea & Febiger.
Race.....	Examination of Milk for Public Health Purposes.....	John Wiley & Sons.
Richards.....	Conservation by Sanitation.....	Do.
Do.....	Cost of Cleaness.....	Do.
Ross.....	The Prevention of Malaria.....	E. P. Dutton & Co.
Sedwick.....	Science and the Public Health.....	The Macmillan Co.
Tuttle.....	Principles of Public Health.....	World Book Co.
Vedder.....	Syphilis and the Public Health.....	Lea & Febiger.
Do.....	Sanitation for Medical Officers.....	Do.
Whipple.....	State Sanitation.....	Harvard University Press.
Do.....	Vital Statistics.....	John Wiley & Sons.
Wood.....	Sanitation Practically Applied.....	Do.

GENERAL REFERENCES.

Federal Government.—Many of the bulletins published by the following departments contain valuable information for the student and the teacher. The various Government departments will place the name of any institution on the mailing list if proper application is made to the Secretary of the department from which bulletins bearing on hygiene are desired. A list of the publications of the different departments that are available for free distribution, or for a small fee, can be secured from the Superintendent of Documents, Government Printing Office, Washington, D. C.:

Bureau of Education, Department of the Interior:

Organized health work in schools, E. B. Hoag. Bulletin No. 44, 1913. 10 cents.

Physical growth and school progress, B. T. Baldwin. Bulletin No. 10, 1914. 25 cents.

The health of school children, W. H. Heck. Bulletin No. 4, 1915. 15 cents.

Schoolhouse sanitation, William A. Cook. Bulletin No. 21, 1915. 10 cents.

Health of school children, W. H. Heck. Bulletin No. 50, 1915. 20 cents.

Medical inspection in Great Britain, E. L. Roberts. Bulletin No. 49, 1916. 15 cents.

Activities of school children in out-of-school hours, C. D. Davis. Bulletin No. 20, 1917. 5 cents.

Military training of youths of school age in foreign countries, W. S. Jesien. Bulletin No. 25, 1917. 5 cents.

Physical education in secondary schools. Bulletin No. 50, 1917. 5 cents.

Bureau of Education, Department of the Interior—Continued.

Recent State legislation for physical education, Storey and Small. Bulletin No. 40. 1918. 5 cents.

Standardization of medical-inspection facilities, J. H. Berkowitz. Bulletin No. 2, 1918. 10 cents.

Educational hygiene, Small. Bulletin No. 48, 1919. 5 cents.

Report of the public-school system of Memphis, Tenn. Part 7, health work. Bulletin No. 50, 1919.

The eyesight of children, Berkowitz. Bulletin No. 65, 1919.

Schools and classes for feeble-minded and subnormal children. Bulletin No. 70, 1919.

Part IV, Educational Directory, 1919-20. Schools for the blind, for the deaf, and for the feeble-minded. Bulletin No. 71, 1919.

Schools and classes for the blind, 1917-18. Advance sheets from Biennial survey, 1916-1918. Bulletin No. 78, 1919.

Schools for the deaf, 1917-18. Advance sheets from the Biennial survey, 1916-1918. Bulletin No. 79, 1919.

Health Education Series—

No. 1. Wanted teachers to enlist for child health service. 5 cents.

No. 2. Diet for the school child. 5 cents.

No. 3. Summer health and play school. 5 cents.

No. 4. Methods of teaching health. 5 cents.

Public Health Service, Treasury Department (weekly reports): The more important reprints on the general subject of hygiene are listed in the bibliography on page 47.

Children's Bureau, Department of Labor. (Many bulletins on child welfare.)

Department of Agriculture. (Bulletins on food, drugs, beverages, insects, etc.)

Department of Labor. (Bulletins on industrial hygiene, accidents, etc.)

State government.—Bulletins published by the State department of health and the State department of education frequently contain valuable information on the problems of health conservation and development. The following State departments of health publish bulletins, which are available for distribution.

STATE DEPARTMENT OF HEALTH BULLETINS.

Arizona State Board of Health Bulletin, Phoenix.

California State Board of Health Monthly Bulletin, San Francisco.

Connecticut Health Bulletin, Hartford. State board of health.

Florida Health Notes, Tampa. State board of health.

Bulletin of the State board of health, Augusta, Ga.

Illinois Health News, Springfield. State board of health.

Monthly Bulletin of the Indiana State Board of Health, Indianapolis.

Iowa Health Bulletin, Des Moines. State board of health.

Bulletin of the Kansas State Board of Health, Topeka.

Bulletin of the State Board of Health of Kentucky, Bowling Green.

Louisiana State Board of Health Monthly Bulletin, New Orleans.

Maine State Department of Health Bulletin, Augusta.

Public Health Bulletin of the Massachusetts State Department of Health, Boston.

Public Health, Lansing. State board of health.

Health Bulletin, Jackson, Miss. State board of health.

Montana Bulletin of the Department of Public Health, Helena.

Quarterly Bulletin of the State Board of Health of New Hampshire, Concord.
 Public Health News, State department of health, Trenton, N. J.
 Health News, monthly bulletin of the New York State Department of Health,
 Albany.
 Health Bulletin, North Carolina State Board of Health, Raleigh.
 North Dakota State Board of Health, Devils Lake.
 Ohio Public Health Journal, State board of health, Columbus.
 Pennsylvania Health Bulletin, State department of health, Harrisburg.
 Bulletin of the Rhode Island State Board of Health, Providence.
 Bulletin of the Texas State Board of Health, Austin.
 Utah Health Bulletin, State board of health, Salt Lake City.
 Quarterly Bulletin of the Vermont State Board of Health, Rutland.
 Virginia Health Bulletin, State department of health, Richmond.
 Quarterly Health Bulletin, State board of health, Madison, Wis.

STATE DEPARTMENT OF EDUCATION BULLETINS.

The following State departments of education have prepared syllabi on physical education (including hygiene, sanitation, first aid, etc.) : California, Indiana, New Jersey, New York, Michigan, Rhode Island, Virginia, Oregon, Kentucky, Nevada, Utah, Washington.

MAGAZINES, JOURNALS, ETC.

The following journals are more or less devoted to the general subject of hygiene :

American Physical Education Review, 93 Westford Avenue, Springfield, Mass.
 American Journal of Public Health, 169 Massachusetts Avenue, Boston, Mass.
 American Journal of Nursing, 19 West Main Street, Rochester, N. Y.
 The Public Health Nurse, 2157 Euclid Avenue, Cleveland, Ohio.
 Mind and Body, New Ulm, Minn.
 The Playground, 1 Madison Avenue, New York.
 Physical Training, 347 Madison Avenue, New York.
 Mental Hygiene, 50 Union Square, New York.
 Good Health, Battle Creek, Mich.
 Social Hygiene, 105 West Fortieth Street, New York City.
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PART 2.

SUPPLEMENTARY SYLLABUS

Showing in detail the places in the syllabi on general hygiene, individual hygiene, group hygiene, and intergroup hygiene in which the professor or the special teacher of hygiene may develop his class program, "emphasizing with appropriate and due proportion and with proper tact and persistency the serious importance of the venereal diseases, their causes, carriers, and prevention" in accordance with the agreement that now exists between his institution and the Interdepartmental Social Hygiene Board.

PREFACE.

The main syllabus which precedes this supplementary syllabus is an organized classification of the content of the divisions and subdivisions of hygiene. It is an analysis of subject matter—a framework which the teacher may utilize in his study of original and secondary sources for the elaboration of his text. That syllabus does not relieve the teacher of his obligation to make an exhaustive study of the details of his special subject, nor to prepare his own text, nor to formulate his own methods of presentation and instruction, nor to supply inspiration, leadership, stimulation, and incentive so that he may measure the success of his instruction in terms of the mental and moral, physical, and spiritual health habits achieved by his student, the health ideals established, and the methods of impressive teaching acquired.

These facts are equally true of this supplementary syllabus. It points out the places in the main syllabus in which the teacher may emphasize the hygiene of the venereal diseases where such emphasis suits the sequence of his plan. It does not relieve him of the obligation to make his own plans, nor of the responsibility for the program in his institution. The teacher is under obligation to stress the venereal diseases with appropriate emphasis. He is also under obligation to emphasize "the other important facts and applications of general, individual, group, and intergroup hygiene." He will make a mistake if he does not weave his references to venereal diseases into his consideration of these other agencies naturally and unobtrusively but none the less impressively.

This supplementary syllabus, like the main syllabus, supplies a plan, a method, a specification. But the teacher must furnish the

compelling force that leads the student to think. He must supply the dramatic emphases that establish indelible memories. He must produce a full realization of the significance of hygiene in every phase of life and prove that right living and right conduct are composite health habits essential to normal physiology, to happiness, and to the fullness of life.

* * * * *

Colleges receiving aid from the United States Interdepartmental Social Hygiene Board should teach the answers, so far as they can be given, to the following questions:

- (a) What are the venereal diseases?
- (b) How do they do harm to and why are they objectionable to the individual, the family, the local community, the Nation, and civilization in general?
- (c) How and why are they spread?
- (d) What forces and influences favor their spread?
- (e) What preventive measures should logically be used to suppress them?

ANSWERS.

(a) Gonorrhea, chancroid, syphilis. Other diseases may be spread similarly, but they are not usually considered venereal diseases. Describe these three briefly.

(b) They do harm by weakening or destroying the persons who contract them, by causing suffering and shame, by reducing productivity of labor, by spreading to wives and children innocent of wrongdoing, by causing inefficiency and poverty, by undermining the marriage relation and the civilization built upon the monogamous marriage.

(c) They are spread mainly by promiscuous and illicit sexual relations, by the improper carrying of them into the marriage relation, by innocent contacts within the family, and by infection of children before or at the time of birth. They are spread because most men and some women are not chaste.

(d) The evil misconception that sexual indulgence is necessary to health, or a necessary evil; the lenience of public opinion toward male unchastity; the permitted existence of prostitution; lack of proper mental and moral training; lack of interest or opportunity to indulge in a sufficient amount of wholesome work, play, or recreation; the lack of sufficiently high ideals and standards of honor; promiscuous association of sexes in poor or debasing surroundings; lack of sufficient proper treatment of infected persons; lack of knowledge concerning the existence, dangers, and spread of the disease; failure to disinfect a part exposed to infection; failure of individuals to do

their part in forming a public opinion favorable to chastity and unfavorable to promiscuous sexual indulgence.

- (e) 1. All measures tending to the formation and strengthening of high character, high ideals, self-respect, honor.
2. All measures tending to lessen temptation and opportunity to do wrong, especially the suppression of prostitution, but also the provision of good educational facilities, proper working conditions, clean, wholesome, and interesting amusement and recreation, diffusion of information, and the formation of sound public opinion in regard to sexual life and venereal disease. The removal from business, politics, and police control of any opportunities to profit from prostitution by rental, fees, votes, or the sale of protection.
3. The importance of early diagnosis of all cases which may be suspected of being syphilis or gonococcus infections; the proper treatment and necessary supervision of those persons already infected; the application of social service follow-up methods to the detection of additional cases among the families or intimate associates of infected individuals; and, so far as it may be practicable and consistent with the general campaign against venereal diseases, the disinfection under adequate supervision of persons who find themselves in the position of having been exposed to these diseases.

SUPPLEMENTARY SYLLABUS EMPHASIZING THE VENEREAL DISEASES, THEIR CAUSES, CARRIERS, INJURIES, AND DEFENSES.

[NOTE.—The sequence of subjects in this supplementary syllabus is precisely the sequence presented in the main syllabus.]

Division 1.—GENERAL HYGIENE.

I. THE AGENTS THAT INJURE HEALTH.

1. *The inanimate agents.*

- (a) Mechanical agents.
- (b) Physical agencies. May note the influence of the X-ray on the reproductive cells.
- (c) Chemical agents. May give examples from the chemical poisons produced by the gonococcus and by the treponema of syphilis.

2. *The animate agents.*

- (a) The bacteria. The development of the syllabus and text here should include a discussion of the cause of gonorrhea and the cause of chancroid following the outline contained in the main syllabus and emphasizing their important relations to human health.
- (b) The protozoa.
 - 1. Discuss the treponema of syphilis and its injuries to the human race.

3. *Physiological influences.*

- (a) The hygiene of heredity. The possible effects of syphilis on heredity. Hereditary disease compared with congenital disease.
- (b) Prenatal hygiene.
 - 1. Effects of gonorrhea and syphilis upon the unborn babe and upon the prospective mother.
- (c) The hygiene of childbirth. Infections of gonorrhea or syphilis at this time; their consequences and avoidance, and the importance of early treatment.

3. *Physiological influences*—Continued.

(d) Age as an influence on health.

1. Infancy and gonorrheal ophthalmia. Congenital syphilis.
2. Childhood and perverted sex habits.
3. Adolescence and youth. The period of sexual passion and consequent danger from lack of self-control.
4. Maturity. Parenthood. The period of transmission of gonorrhea or syphilis or chancroid to the innocent wife, husband, child, sister, mother, or father.
5. The climacteric.
6. Old age and aggravated sexual desire.
7. Impotency.

(e) Sex as a physiological influence on health.

1. Passion in man and in woman. Variations in intensity in different individuals, in different races, and at different periods of life. Variations in mentality and consequent variations in will power. The prostitute—male and female.
2. Continence and its relation to health.

(f) The physiological secretions that may affect health through excess, deficiency, or absence.

1. Internal secretions of the male reproductive organs and their possible influences on health.
2. Internal secretions of the female reproductive organs and their possible influences on health.
3. Influences of other internal secretions on sex life, e. g., the pituitary bodies. The adrenals.

(g) Emotional influences, mental hygiene. (See above under (e).)

1. The acquirement of sex obsessions. The overemphasis of sex emotions. The influence of erotic thoughts.

(h) Neuro-muscular activity.

1. Fatigue and sex morality.

4. *Deficiencies and deprivations.*

(a) The normal sex life at different age periods.

5. *The unknown agents that injure health.*

- (a) History of gonorrhea and the final discovery of its cause.
- (b) History of syphilis and the final discovery of its cause.

II. THE CARRIERS OF PATHOGENS.

1. *The human carriers.*

- (a) The distribution of disease organisms through the respiratory excretions. The prostitute, male or female, is often afflicted with syphilitic sores in the mouth and other upper air passages. The same condition is often present in persons innocently infected with syphilis. The damage from syphilis innocently acquired is as great as the damage of syphilis of the guilty.
- (b) Discharges from the eyes and ears as carriers of disease organisms. The discharges of gonorrheal ophthalmia very easily transfer the disease from the eyes of one person to another. Discuss gonorrhea of the eyes.
- (c) Dissemination of disease organisms by way of discharges from the digestive tract. Syphilis of the digestive tract is fairly common in the later stages of that disease. Under such circumstances fecal excretions contain the organisms of syphilis.
- (d) Dissemination of disease by way of discharges from the genito-urinary tract. Syphilis, gonorrhea, and chancroid are spread most commonly by means of discharges from the genito-urinary tract. The infection usually takes place in the act of sexual intercourse.
- (e) Dissemination by way of the skin. May mention the fact that surgeons and nurses have been infected with syphilis and with gonorrhea through contact with surgical wounds of infected patients.
- (f) The importance of the prostitute and the near prostitute in the spread of gonorrhea, syphilis, and chancroid.

2. *Insect carriers.*—Remote possibility of biting and blood-sucking insects becoming carriers of syphilis and gonorrhea. None of these insects is known to serve as a biological carrier of these diseases.

3. *Animal carriers.*—No animal other than man is known to be a common carrier of gonorrhea, syphilis, or chancroid. It is possible to infect certain animals, but only under very artificial conditions.

4. *Contact infections.*—Syphilis, gonorrhea, and chancroid are the most typical of the contact infections. Importance of innocent contact in the home. Disastrous effects of syphilis and gonorrhea acquired innocently by the wife, husband, child, sister, brother, or mother of the guilty carrier.

5. *Secondary carriers.*—Possibilities of infection with syphilis, gonorrhea, or chancroid through secondary carriers such as wash cloth, towel, napkin, pipe, drinking cup, eating utensils, etc.

III. THE CONTRIBUTORY CAUSES OF POOR HEALTH.

1. **Definition.** Agents, influences, and conditions that make it easier for humans to become sick and harder to get well. Syphilis and gonorrhea are examples of agents and influences that destroy vitality, decrease resistance, and establish chronic ill health in their human victims so that they more easily become sick and with more difficulty recover health.
2. Influences that favor the multiplication of pathogens or their carriers. The organisms that cause gonorrhea, syphilis, and chancroid will grow only in human beings. The only carriers of these pathogens are their human carriers. The prostitute (male and female) is the most common human carrier. Therefore any influence that favors the increase of prostitution is inevitably a contributory cause of gonorrhea, syphilis, and chancroid.
3. Influences that increase the vitality of pathogens or their carriers. Treatment of the prostitute that cures gonorrhea or syphilis but does not cure prostitution is a procedure that increases the vitality of a potential carrier of either or both of these diseases.
4. Influences that favor the distribution of pathogens and their carriers. Note the relation between transportation, travel, immigration, war, poverty, congestion, and ignorance and prostitution. Note relations between ignorance and carelessness and the spread of venereal disease, especially from guilty to innocent. Relation of ignorance and carelessness to ineffective treatment and to no treatment at all. Relation to exposure: If men and women were better informed there would be fewer exposures to infection and there would be more persistent treatment when infection does occur.
5. Influences that tend to interfere with or break down our home and community (tent or camp) defenses, such as poor policing, poor discipline, carelessness, illiteracy, ignorance, vice, industrial conditions, business and commercial greed, immigration, low standards of hygiene, poverty, hazardous occupation, bad politics, experiences of war. Each one of these influences may be illustrated by examples of their relations to the occurrence of syphilis, gonorrhea, and chancroid.

6. Influences that weaken the health defenses of the individual, making it easier for him to be sick and harder to get well. Syphilis, gonorrhea, and chancroid may be used as examples of such influences. (See Syllabus, p. 13.)

(a) Age, sex, heredity, physical defects, functional excesses, dissipation (alcohol, drug, and other devitalizing habits), exposure. Note the possibility of syphilitic heredity; physical defects due to syphilis, gonorrhea, and chancroid; functional excesses of a sexual character.

(b) Deficiencies and deprivations that contribute to poor health. Note the importance of clean, healthful recreation, character-building entertainment, and chivalry and sportsmanly ideals in play and athletics and discuss the effects of their deficiency or absence upon the sexual conduct of the individual and their consequent relation to the occurrence of venereal disease.

IV. DEFENSES OF HEALTH.

1. The nature and importance of our natural environmental defenses. Pathogenic organisms die quickly under unfavorable conditions. The carriers of gonorrhea, syphilis, and chancroid will not live very long except in the tissue of human beings.
2. Agencies that may be used to destroy pathogens and their insect or animal carriers—the human is the only carrier of gonorrhea, syphilis, and chancroid. Emphasize the health protective value of suppressing prostitution.
3. Other “Safety first” measures in relation to mechanical, physical, and chemical agencies that injure health and destroy life.
4. The nature and the importance of the surface defenses of the individual. May illustrate with examples from the venereal diseases.
5. The nature and the importance of the internal human defenses in health and disease. May give examples from syphilis or gonorrhea.
6. Individual defensive hygiene. General health defense of the individual; importance to the individual of wise health habits—good health is its own greatest defense. A good place to emphasize habits of individual hygiene as defensive measures against venereal disease. (a) Expand the value of accurate information; (b) go into detail as to the protective value of regular health examinations and early rational treatment; (c) insist on the practicality of avoiding exposure to venereal disease; (d) and drive home the importance of the right sort of play, recreation, and entertainment.

7. Group and intergroup defensive hygiene. (a) Illustrative material from our knowledge of group and intergroup defenses against syphilis and gonorrhea may be used to advantage in connection with every phase of the discussion of group and intergroup defensive hygiene. The professor or teacher of hygiene will have these possibilities in mind in elaborating this portion of his text.

V. THE PRODUCERS OF HEALTH (CONSTRUCTIVE HYGIENE).

1. Sources and importance of reliable health information.
2. Heredity; importance of the conservation of good heredity.
3. Health examination and advice.
4. Care of the body and repair of its organs.
5. Special emphasis upon and discussion of the health-producing and health-conserving value of wise habits of—
 - (a) Nourishment.
 - (b) Excretion.
 - (c) Play, recreation, exercise, and work.
 - (d) Rest.

NOTE.—The expansion of the above chapter and its development into a text for class use gives large opportunity for effective emphases on the prevention of the venereal diseases. The judgment and diplomacy of the teacher may be taxed in making a wise decision as to where and how these opportunities may be used to the very best advantage.

6. The value of hygiene. Good, active, aggressive health is the most important asset in the life of man, because the best success of whatever man undertakes is dependent upon the quality of health with which he supports his enterprises. A judicious use of appropriate material from the hygiene of syphilis and gonorrhea may serve a powerful purpose in the development of the discussion of the social, economic, spiritual, civic, and military values of good hygiene.

Division 2.—INDIVIDUAL HYGIENE.

I. INFORMATIONAL AND EDUCATIONAL HYGIENE.

1. *Sources of information.*—Include discussion of the importance of reliable literature on the hygiene of gonorrhea and syphilis.
2. *Surveys and investigations.*—May find it wise to discuss investigations of the status of sex information.
3. *Parental instruction, health advisers, teachers.*—Important to point out inadequacy and inaccuracy of this instruction especially along lines of venereal hygiene.

4. *Individual health examinations and advice.*—The teacher in following the main syllabus here will find good opportunities to emphasize the importance of good advice relative to the correction, repair, and remedy of injuries resulting from syphilis, gonorrhea, and chancroid. The relation between the examiner and the individual is one of extraordinary opportunity for confidential, personal advice on matters of intimate nature.
5. *Health warnings, signs and symptoms*—their safe interpretation, significance, and use: A good place to warn against the quack.
6. *Obsessions, groundless fears, misinterpretations of unusual or unimportant sensations and functional experiences.*
7. *Unsafe tradition, superstition, misinformation;* special applications to heredity, mental status, and sex life.

II. THE CARE OF THE BODY AND ITS ORGANS.

1. *The elements of human physiology.*—This chapter may be used to include a careful presentation of the physiology and hygiene of the reproductive organs of the male and the female.
2. *Protective individual hygiene.*—Covered above in part. (See II (a).)
 - (a) Importance of periodic health examinations.
 - (b) Measures and habits for protection against pathogens and their insect carriers, animal carriers, human carriers, and secondary carriers. May consider here the gonococcus and the treponema of syphilis and their carriers, especially the prostitute.
 - (c) Care of certain organs for the protection of other organs: The reproductive organs in order to protect the brain, the mind, nerves, joints, etc.
 - (d) "Safety-first" habits.
 - (e) Protective habits in relation to chemical injuries.
 - (f) Protection of mentality. Conservation of heredity, avoidance of venereal diseases and alcoholic poisoning. Hygiene of the emotions.
3. *Preventive individual hygiene.*
4. *Remedial individual hygiene.*
 - (a) First aid and emergency treatment.
 - (b) Importance of early expert, reliable medical, or surgical service in cases of important acute health injuries. Very important to emphasize the need of early and persistent treatment of gonorrhea, syphilis, and chancroid.
 - (c) Importance of early treatment of precancerous and cancerous conditions.

III. CONSTRUCTIVE INDIVIDUAL HYGIENE.

Cover in practical detail:

- (a) Nourishment.
- (b) Fresh air and sunshine.
- (c) The hygiene of growth, development, and training. Important to emphasize values of character building and the establishment of high ideals of sex conduct.
- (d) Rest, relative and absolute.

IV. INDIVIDUAL HYGIENE IN RELATION TO GROUP AND INTER-GROUP HYGIENE.

A good place to bring out the obligations of the individual and of society in relation to the prevention of venereal diseases.

Division 3.—GROUP HYGIENE.

I. GENERAL CONSIDERATION OF GROUP HYGIENE.

1. *Main groups to be discussed.*—The social and economic variations and the dominating hygienic considerations that characterize—
 - (a) The home group.
 - (b) The school group.
 - (c) The employed group.
 - (d) The institutional group.
2. *The economic basis of group hygiene.*—The teacher in following this main syllabus here may find it advantageous to discuss the economic bearings of syphilis and gonorrhea and of prostitution.
3. *The social basis of group hygiene.*—The social influences of gonorrhea and syphilis and of the prostitute may very properly be emphasized here.
4. *The main subdivisions of group hygiene.*—In developing the subdivisions of this chapter it is suggested that the teacher make occasional and significant use of examples from the hygiene of the venereal diseases.
 - (a) Educational hygiene.
 - (b) Informational hygiene.
 - (c) Protective hygiene.
 - (d) Preventive hygiene.
 - (e) Remedial hygiene.
 - (f) Constructive hygiene.

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4, above.*

(a) Group educational hygiene.

- (1) Home educational hygiene.—A study of home educational hygiene must include an analysis of the character-building and judgment-forming influences in the home. It involves a very careful consideration of the sort of hygiene that should be taught in the different age periods and to different personalities and of how this instruction should be given. School methods and home methods must differ. The parent faces a heavy obligation and an extraordinary opportunity to influence the children in the home through various avenues to achieve safe judgment and wise conduct in matters and affairs that relate to sex life, sex hazard, and venereal disease, as well as to other important dominating health problems.
- (2) Educational hygiene in the school.—In his elaboration of the main syllabus the teacher should include here a full discussion of the part that the school may play in educating children so that they will arrive at safe judgments in relation to sex matters and sex conduct; should bring out the opportunities for such education present in such school subjects and activities as biology, botany, physiology, history, English literature, domestic arts, school dramatics, health examination, athletic instruction and training, physical education, and so on.
- (3) Educational hygiene in the occupations.—In presenting the needs of the employed group the teacher should give due consideration to the fact that the child and the adult in the occupations have had, as a rule, little or no home education or school education in hygiene. The necessity for wise instruction concerning sex, sex hazards, and venereal disease becomes, therefore, a matter of compelling importance and should influence the teacher in his development of this part of the main syllabus.
- (4) Educational hygiene in the institutions. The opportunities and needs for education relative to sex, sex hazards, and venereal diseases vary in the

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4, above—Continued.*

(a) Group educational hygiene—Continued.

(4) Educational hygiene in the institutions—Contd.

different types of institutions. It would seem that the welfare of society would be constructively served if these phases of educational hygiene could be fully and effectively stressed in those institutions that are charged with the care of children, delinquent girls and women and delinquent boys and men. This appears to be particularly true of those institutions that are taking care of persons with venereal disease who are likely to be returned sooner or later to community life. These facts should influence the professor or teacher of hygiene to develop this part of his syllabus with appropriate references to their importance.

(b) Group informational hygiene.

(1) Informational hygiene for the home. The main syllabus carries headings here that will lead the teacher to develop his own text so that it will include a study of appropriate home information on sex hygiene and venereal disease.

(2) Informational hygiene for the school. The development of the syllabus here should include a reëmphasis of the fact that the school child comes into association with other school children and through this association receives information concerning sex that is usually dangerous to the moral and physical health of the pupil; that the school should do everything reasonable within its power to bring safeguarding information to the pupils; and should in every practical way coordinate its informational and educational emphases with those of the home.

(3) Informational hygiene for the occupations. In presenting this subject for study the teacher should include an analysis of selected informational material relating to the venereal diseases and available for distribution to employers and employees, as well as informational material bearing on other important phases of hygiene.

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4, above—Continued.*

(b) Group informational hygiene—Continued.

- (4) Informational hygiene for the institution. The part which venereal disease plays in its relation to institutions should be stressed here, and the importance of this information should be emphasized because of its value to and influence on the policies and programs of certain institutions and the policy of the public toward those institutions.

(c) Constructive hygiene for the group.

- (1) Constructive hygiene for the home group. The teacher must not neglect here to bring out the value of clean play and wholesome recreation in relation to the prevention of venereal disease. The habits of play, recreation, and entertainment established at home seem to have played no small part in leading individuals in their maturer years to seek clean play, healthful recreation, and wholesome entertainment rather than play, recreation, and entertainment that endanger health, happiness, and life itself.
- (2) Constructive hygiene for the school. The play, games, entertainments, and athletics of the school and the college under wise guidance may serve a very important purpose in constructive hygiene. Habits of cheerfulness and happiness, habits of wholesome interested activity are powerful obstacles to dissipation and to sexual irregularities and to venereal disease. The athletic teacher, the coach, and the trainer have opportunities to influence the ideals and lives of young men that are often truly powerful. This elaboration of this section of the main syllabus should cover these possibilities in relation to sex life and venereal disease as well as in relation to other very important matters in general and individual hygiene.
- (3) Constructive hygiene in the occupations. Here again the constructive and conservational values of clean play, wholesome entertainment, and vigorous, sportsmanly athletics should be strongly emphasized. If the men and women and the boys

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4, above—Continued.*

(c) Constructive hygiene for the group—Continued.

- (3) Constructive hygiene in the occupations—Contd.
and girls in the occupations could be brought regularly under the influence of this type of constructive hygiene, the influence on national health would be enormous and the measures of inter-group hygiene directed toward the suppression of venereal disease would more easily achieve success.
- (4) Constructive hygiene in the institutions. Play, recreation, entertainment, and athletics may serve a very powerful purpose in certain types of institutions. These activities of constructive hygiene are particularly valuable in those institutions that care for younger, growing humans. They are of special importance in the treatment of delinquent boys and girls and men and women. Constructive hygiene may serve purposes here that are mental and moral as well as physical.

(d) Protective hygiene in certain groups.

- (1) Protective hygiene in the home. While the parent or guardian is seeking to educate the children in the home so they will make wise judgments in matters that relate to health, and while the home program is being developed so as to bring accurate and appropriate safeguarding information to the home group, it is equally important that reasonable and effective measures should be adopted to protect the members of the home group, and particularly the children and youths of the home, from dangerous contacts, influences, and temptations that are unnecessary, avoidable, and too early in their appearance in the life of the individual.
- (2) Protective hygiene in the school. The school program, like the home program, should protect the child from unnecessary and avoidable exposure to health injury. This program should not neglect a protection against exposure to vicious sex information, sex temptation, and venereal disease.

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4. above—Continued.*

(d) Protective hygiene in certain groups—Continued.

- (3) Protective hygiene in the occupations. Sex hazards in certain occupations. The protection of the waitress, the laundress, the clerk, the nurse. Need for protection. Sex hygiene in occupations in which men and women are thrown together informally and more or less intimately. Sex hazards in child labor. Protective measures for the purpose of avoiding unnecessary exposure and temptation.
- (4) Protective hygiene in the institution. Problems of protective sex hygiene that should be met in institutions that care for children or adults of both sexes. Dormitory protection. Importance of employing women to take charge of female inmates. Serious need for segregation of hardened sex offenders and separation of persons of lower mentality, sex obsessions, and exaggerated sex impulses.

(e) Preventive hygiene in certain groups.

- (1) Preventive hygiene in the home. Discussion of the extreme importance of early and effective treatment of venereal disease whenever and wherever it appears. Syphilis and gonorrhea of the innocent is quite as disastrous as syphilis or gonorrhea of the guilty.
- (2) Preventive hygiene in the school. The periodic health examinations of pupils and students should be accompanied by the exclusion of all who are found to be carriers of communicable disease. This regulation would include gonorrhea, syphilis, and chancroid.
- (3) Preventive hygiene in the occupation. Periodic health examinations of officers and employees for carriers and effective treatment of carriers when such are discovered. This regulation should apply especially to gonorrhea, syphilis, and chancroid, and is especially important in connection with occupations in which food is handled, children cared for, and intimate contacts take place between employee and customer.

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4, above—Continued.*

(e) Preventive hygiene in certain groups—Continued.

- (4) Preventive hygiene in the institution. Periodic health examinations of officers, employees, and inmates, with proper isolation and effective care of disease carriers. The importance of this program in relation to the venereal diseases should be emphasized.

(f) Remedial hygiene.

- (1) Remedial hygiene in the home. Point out the necessity for very early and very persistent remedial treatment of the venereal diseases and make clear the fact that the success of remedial treatment for the individual means prevention and protection for the other members of the family.
- (2) Remedial hygiene in the school. The rapid remedial treatment of communicable diseases in school children or college students means not only a more successful escape from damage or disaster by the individual—it means also the protection of those other individuals with whom he comes in contact. The application of this fact to the venereal diseases is apparent.
- (3) Remedial hygiene in the occupation. Importance of early and effective remedial treatment of communicable diseases, including the venereal diseases in those occupations in which are handled food and food products, and in those occupations in which the worker comes into close contact with other workers or with customers.
- (4) Remedial hygiene in institutions. Emphasize the importance of remedial hygiene in those institutions that are established for the purpose of taking care of children, the homeless, the aged, the delinquent, etc. It is seriously important that men, women, and children sent to institutions (reformatories, jails, etc.) for periods of time should not be returned to society as carriers of disease. The inmate with gonorrhea or syphilis presents a complicated problem in that he must be cured not only of venereal disease but also of prostitution.

5. *Consideration of the subdivisions of group hygiene in relation to the main groups covered in 4, above—Continued.*

(g) Hygiene measures for recuperation, rehabilitation, and restoration in these groups. Properly a part of constructive hygiene.

- (1) Provisions for recuperation, etc., in the home. See text of main syllabus.
- (2) Provisions for recuperation, etc., in the school.
- (3) Provisions for recuperation, rehabilitation, and restoration in the occupations.
- (4) Provisions for recuperation and rehabilitation in the institutions. See paragraph (d) in the main syllabus. The delinquent woman must not only be cured of her venereal disease; she must learn how to support herself in an honorable way or remain in the reformatory or its equivalent under mild restraint in order that she may not infect others.

Division 4.—INTERGROUP HYGIENE.

1. *Definition.*—It may be found wise in developing the details of this definition to illustrate with material from our knowledge of gonorrhea, syphilis, and prostitution.
2. *The economic basis of intergroup hygiene.*—Convincing illustrative facts may be cited here from the effects of syphilis, gonorrhea, and chancroid on physiological efficiency. The control of these diseases is very obviously an intergroup function.
3. *The social basis of intergroup hygiene.*—The social importance of the venereal diseases and of prostitution should be presented here in some detail, and the fact should be established that relief can come only through the effective operation of intergroup agencies.
4. *Legislative basis of intergroup hygiene.*—Use laws and ordinances on prostitution, injunction and abatement, control of venereal disease, establishment and management of reformatories, care of the feeble-minded, etc., as illustrations of the necessity for legislative action for health protection.
5. *Discussion of the main subdivisions of intergroup hygiene.*
 - (a) Intergroup educational hygiene. In developing this part of the presentation the teacher should stress the fact that the general public will be educated concerning the dangers and defenses of venereal disease only after vigorous intergroup educational methods and programs have been in operation for a long period of time.

5. *Discussion of the main subdivisions of intergroup hygiene*—Con.

- (b) Intergroup informational hygiene. The text under "Intergroup informational hygiene" may be effectively illustrated with examples from surveys, investigations, and researches on gonorrhea, syphilis, and prostitution, and with examples of intergroup agencies that are concerned with the distribution of such information.
- (c) Intergroup protective hygiene. Could make use of illustrations taken from protective measures against venereal disease carriers, isolation, quarantine.
- (d) Intergroup preventive hygiene. May discuss here the remedial treatment of venereal-disease carriers in order to prevent its transmission to others.
- (e) Intergroup remedial hygiene. Emphasize the very serious importance of early and effective treatment of venereal disease. Point out the fact that every case of untreated gonorrhea or syphilis is of importance to the community as a whole.
- (f) Intergroup aggressive hygiene. It is only through intergroup aggressive hygiene that gonorrhea, syphilis, and prostitution can be controlled and eradicated.
- (g) Intergroup constructive hygiene. A good place to emphasize the values of community influences that help in the formation of fine character, high ideals, and clean conduct. These are powerful products of intergroup constructive hygiene that have much to do with the control of venereal disease.
- (h) Intergroup reconstructive hygiene. The damages done by syphilis and gonorrhea are sources of much of the need for reconstruction. Bring out the importance of moral reconstruction in case of the prostitute. In making up the details under each of the subheadings of the several divisions of this section of the syllabus frequent opportunity will arise for the effective use of illustrations and applications from the hygiene of the venereal diseases.

6. *Discussion of the more important agencies of intergroup hygiene*.—In making up the details of this part of the main syllabus the professor or teacher of hygiene will find opportunities under each of the subheadings of the several subdivisions of the syllabus for the effective use of illustrations and applications from the intergroup hygiene of the venereal diseases. The

6. *Discussion of the more important agencies of intergroup hygiene—*
Continued.

teacher should make judicious use of these opportunities for emphases in discussing the following agencies:

- ³ (a) Legislative bodies as agencies for intergroup hygiene.
 - (1) Examples of Federal legislation for the control of venereal disease and prostitution: The Mann Act; the importation of prostitutes (immigration laws); sections 12 and 13 of the act of Congress "to authorize the President to increase temporarily the Military Establishments of the United States," approved May 18, 1917; Chapter XV, Army appropriations bill, July 9, 1918—Chamberlain-Kahn Act.
 - (2) Examples of State laws.
 - (3) Examples of county and municipal ordinances.
- (b) The department of health. Emphasize the special organization and functions that are concerned with gonorrhea and syphilis, their prevention, treatment, and control.
- (c) Educational agencies. Discuss curriculum and program provisions in State and public schools, normal schools, colleges, and universities for the prevention and control of venereal diseases through education, information, defensive measures, and constructive hygiene.
- (d) Governmental agencies. Emphasize organizations and functions that have been established for the prevention, treatment, and control of venereal diseases in: The United States Interdepartmental Social Hygiene Board; the Division of Venereal Diseases of the United States Public Health Service; the Medical Service of the Army and the Medical Service of the Navy; the "Sixth Division" of the Navy; and the Education and Recreation Branches of the War Plans Division of the General Staff of the Army.
- (e) Voluntary organizations that serve as agencies for intergroup hygiene. Analyze concisely the organizations and functions that have been established or may be used for the prevention, treatment, or control of venereal disease in: The American Social Hygiene Association; certain State social hygiene organizations; the State and provincial board of health; the International Board of Health; the American Medical Association; certain universities, medical schools, and scientific laboratories; Law Enforcement Section of the Commission on Train-

6. *Discussion of the more important agencies of intergroup hygiene—*
Continued.

(e) Voluntary organizations that serve as agencies for intergroup hygiene—Continued.

ing Camp Activities during the war; the church, Sunday school, and other religious organizations; social clubs, athletic organizations, recreational clubs, societies for entertainment.

REFERENCES FOR THE SUPPLEMENTARY SYLLABUS.

These references have been selected by experts and are therefore very likely to be dependable. Nevertheless, the individual professor or other special teacher of hygiene should consult such of these references as may be available to him in the same painstaking and critical spirit that should dominate all his investigations as a student of hygiene.

SELECTED REFERENCES FOR USE WITH THE SUPPLEMENTARY SYLLABUS.

DIVISION 1.—GENERAL HYGIENE.

Author.	Title.	Publisher.
Hutchinson.....	Syphilis.....	Funk & Wagnalls Co.
Pusey.....	Syphilis as a Modern Problem.....	American Medical Association.
Stokes.....	The Third Great Plague.....	W. B. Saunders Co.
Galloway.....	The Biology of Sex.....	D. C. Heath Co.

DIVISION 2.—INDIVIDUAL HYGIENE.

Cady, B. C., and V. M.	The Way Life Begins.....	American Social Hygiene Association.
Galloway.....	Sex and Life.....	Association Press.
Gulick.....	Dynamic of Manhood.....	Do.
Hood.....	For Girls and Mothers of Girls.....	The Bobbs-Merrill Co.
Smith.....	The Three Gifts of Life.....	Bodd, Mead & Co.
Hall.....	Life's Beginning.....	Association Press.
Do.....	From Youth Into Manhood.....	Do.
Moore.....	Keeping in Condition.....	The Macmillan Co.
Hall.....	Life Problems.....	American Medical Association.
Do.....	Reproduction and Sexual Hygiene.	Association Press.
Exner.....	The Rational Sex Life for Men.....	Do.
Howard.....	Sex Problems in Worry and Work..	E. J. Clode.
Jewett.....	The Next Generation.....	Ginn & Co.

Selected references for use with the supplementary syllabus—Continued.

DIVISION 3.—GROUP HYGIENE.

Author.	Title.	Publisher.
Bigelow.....	Sex Education.....	The Macmillan Co.
Chapman.....	How shall I Tell my Child?.....	F. H. Revell & Co.
Foerster.....	Marriage and the Sex Problem.....	F. A. Stokes Co.
March.....	Toward Racial Health.....	E. P. Dutton & Co.
Moll.....	The Sexual Life of the Child.....	The Macmillan Co.
Morrow.....	Social Diseases and Marriage.....	Lea & Febiger.
Morley.....	The Renewal of Life.....	A. C. McClurg & Co.
Cocks.....	Engagement and Marriage.....	Association Press.
Exner.....	Problems and Principles of Sex Education.	Do.
Hall.....	Youth: Its Education, Regimen, and Hygiene.	D. Appleton & Co.

DIVISION 4.—INTERGROUP HYGIENE.

Bloch.....	Sexual Life of Our Times.....	Rebman Co.
Ellis.....	Task of Social Hygiene.....	Houghton Mifflin Co.
Forel.....	Sexual Question.....	Rebman Co.
Stokes.....	Today's World Problem in Disease Prevention.	U. S. Public Health Service.
Vedder.....	{ Syphilis as a Public Health Problem.	{ Lea & Febiger.
	{ Syphilis and Public Health.....	
Foster.....	The Social Emergency.....	Houghton Mifflin Co.
Addams.....	A New Conscience and an Ancient Evil.	The Macmillan Co.
Saleeby.....	Parenthood and Race Culture.....	Moffat, Yard & Co.
Goddard.....	The Kallikak Family.....	The Macmillan Co.
Flexner.....	Prostitution in Europe.....	The Century Co.
Creighton.....	The Social Disease and How to Fight It.	Longmans, Green & Co.
Ashburn.....	Elements on Military Hygiene.....	Houghton Mifflin Co.

The following references for use with the supplementary syllabus may be secured from the Division of Venereal Diseases of the United States Public Health Service, Washington, D. C.:

GENERAL HYGIENE.

- V. D. B. 11. Venereal Diseases—A Public Health Problem for Civilian Communities.
22. To-day's World Problem in Disease Prevention. By Dr. J. H. Stokes.
26. Shall We Finish the Fight?
30. The Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men—By States.
42. Ravage of Innocents Must Stop.
46. A People's War.
47. The Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men—By Cities.

INDIVIDUAL HYGIENE.

I. The care of the body and its organs.

- V. D. B. 1. Keeping Fit.
 6. Man Power.
 8. On Guard.
 33. To Girls in Industry.
 49. The Facts About Venereal Diseases.

II. The hygiene of correction and repair.

- V. D. B. 31. Important Confidential Information (for persons having a venereal disease).

III. Protective hygiene—Avoidance of the agents that injure health.

- V. D. B. 1. Keeping Fit.
 6. Man Power.
 8. On Guard.
 33. To Girls in Industry.
 49. The Facts About Venereal Diseases.

GROUP HYGIENE.

I. Hygiene of the home and the family.

- V. D. B. 32. The Parent's Part.

II. School hygiene.

- V. D. B. 7. The Problem of Sex Education in Schools.
 9. The Need for Sex Education.
 10. Why Should High Schools and Colleges Provide Sex Instruction?
 38. The Need for Sex Education (with book list).
 41. The Place of Sex Education in Biology and General Science.
 50. A High School Course in Physiology in which the Facts of Sex are Taught.

III. Occupational hygiene.

- V. D. B. 12 to 20. (Pamphlets for Industrial Program.)

INTERGROUP HYGIENE.

V. D. B. 11. Venereal Diseases—A Public Health Problem for Civilian Communities.

22. To-day's World Problem in Disease Prevention. By Dr. J. H. Stokes.
 26. Shall We Finish the Fight?
 30. The Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men—By States.
 42. Ravage of Innocents Must Stop.
 46. A People's War.
 47. The Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men—By Cities.

I. Interfamily hygiene, community or municipal hygiene.

- V. D. B. 39. Venereal Disease Ordinances.
 48. How to Fight Venereal Diseases in your City.

The following references for use with the Supplementary Syllabus may be secured through the American Social Hygiene Association, 105 West Fortieth Street, New York City.

GENERAL HYGIENE.

Bul. No.	Title.	Author.
7	The Regulation of Prostitution in Europe	Abraham Flexner.
45	Morals and Venereal Disease	E. L. Keyes, jr.
58	Biographical Sketch and Portrait of Doctor Morrow; Morals and Venereal Disease. The Pioneer Qualities of Doctor Morrow as a Social Reformer.	Do. C. W. Eliot.
63	Friend or Enemy.....	M. J. Exner.
73	Segregation of Prostitution and the Injunction and Abatement Law.	
75	Medical Aspects of Social Hygiene.....	J. D. Greene.
85	The Way Life Begins.....	B. C. & V. M. Cady.
100	Study of Venereal Prophylaxis in the Navy.....	C. E. Riggs.
103	Public Morals and Recreation	C. W. Hayes.
111	Method of Attack on Venereal Diseases	
112	Venereal Diseases; A Sociologic Study.....	
118	Medical Adviser and His Correspondence File....	W. F. Snow.
126	Next Steps.....	Bascom Johnson.
130	William Henry Welch, President of the American Social Hygiene Association; Biographical Sketch with portrait.	
161	A Good Samaritan Gift.....	G. W. Wende.
171	Prohibition and Social Hygiene.....	R. A. Woods.
173	Case against Prophylaxis.....	Edith H. Hooker.
180	Mothers of America.....	Mabel S. Ulrich.
182	Law Enforcement.....	
184	Police and the Public Health.....	R. W. Pullman.
186	Social Legislation and Vice Control.....	Joseph Mayer.
189	The Matter and Methods of Sex Education.....	
193	Why Let It Burn?.....	
194	A History and a Forecast.....	
195	Recreation.....	
196	Medical Measures.....	
198	Education.....	
206	The Sex Problem.....	P. A. Morrow.
207	Eugenics and Racial Poisons.....	Do.
208	The Sexual Necessity.....	W. H. Howell and E. L. Keyes.
213	The Need for Sex Education	
214	A State-wide Program for Sex Education.....	
222	Reproduction and Sex Hygiene	W. H. Eddy.
223	The American Social Hygiene Association—Organization and Purpose.	
237	Suggestions for Community Action Against Venereal Disease.	D. L. Jewell.
238	The Treatment of the Venereal Disease Patient...	H. E. Kleinschmidt.
239	The Failure of Segregation as a Protector of Innocent Womanhood.	R. H. Everett.
240	Venereal Disease Among Prostitutes.....	Benjamin Malzberg.
242	Social Hygiene Publications.....	
243	The End of the Road.....	
244	Lecture Film: Venereal Diseases, Their Origin and Results.	Motion pictures on social hygiene.
245	Modern Diagnosis and Treatment of Syphilis.....	
246	The American Plan.....	
247	Woman's Lecture Film.....	
251	Warning About Prostitutes (in Yiddish).....	
252	Facts About Gonorrhea (in Yiddish).....	

General hygiene—Continued.

Bul. No.	Title.	Author.
253	Facts About Syphilis (in Yiddish).....	
255	Standard Form of Law. (Repression of Prostitution; Form 1.)	
256	Standard Form of Law. (Repression of Fornication; Form 2.)	
257	Standard Form of Law. (Injunction and Abatement Act; Form 3.)	
258	Standard Form of Law. (Control of Venereal Diseases; Form 4.)	
259	Standard Form of Law. (Ouster Law; Form 5.)	
260	Standard Form of Law. (Establishment of a Reformatory for Women or Girls; Form 6.)	
261	Experimental Medicine and the Venereal Diseases.	W. F. Snow and T. A. Storey.
262	The American Plan as Seen by an Englishwoman..	Edith Picton-Tubervill.
263	What to Read.....	
264	Warning About Prostitutes (in Spanish).....	
265	Facts About Gonorrhea (in Spanish).....	
266	Facts About Syphilis (in Spanish).....	

INDIVIDUAL HYGIENE.

43	Hygiene Sexual para los Jovenes (Spanish).....	W. T. Belfield.
48	Sexual Hygiene for Young Men.....	Do.
52	Sex in Life.....	Donal B. and E. B. Armstrong.
99	Keep in Fighting Trim.....	
101	Sword of Damocles.....	W. C. Rucker.
181	The Girl's Part.....	Mabel S. Ulrich.
201	The Young Man's Problem.....	P. A. Morrow.
211	A Reasonable Sex Life for a Man.....	
216	Vigorous Manhood.....	
242	Social Hygiene Publications.....	
263	What to Read.....	

GROUP HYGIENE.

33	Educational Attacks on Problems of Social Hygiene.	M. A. Bigelow.
41	Home and Community.....	
60	The Mother's Reply.....	Nellie M. Smith.
107	Responsibility of the Dean of Women for Sex Education.	Louise F. Brown.
172	Illinois Social Hygiene League.....	R. H. Gault.
187	Prudery and the Child.....	W. M. Gallichan.
199	Sexuality in Plants.....	D. S. Johnson.
202	Instruction in the Physiology and Hygiene of Sex.	P. A. Morrow.
203	The Boy Problem.....	Do.
217	When and How to Tell the Children.....	
221	Sex Education in the Home and High School.....	James E. Peabody.
225	Outline of Plan.....	
226	Order Blank.....	
227	Pamphlet, "For Girls".....	
228	Pamphlet, "Facts About Venereal Diseases for Men."	Industrial program.
229	Pamphlet, "Questions and Answers for Girls"....	
230	U. S. Public Health Service Placard for Men.....	
231	Woman's Placard.....	

Group Hygiene—Continued.

Bul. No.	Title.	Author.
242	Social Hygiene Publications.....	Helen W. Brown.
248 ³	Child Questions and Their Answers.....	
254	Child Questions and Their Answers (in Yiddish)..	
263	What to Read.....	
267	Child Questions and Their Answers (in Spanish)..	

INTERGROUP HYGIENE.

7	The Regulation of Prostitution in Europe.....	Abraham Flexner.
59	Prostitution and the Police.....	R. B. Fosdick.
61	Prevention of Venereal Diseases in the Army....	Otto May.
77	Clinics for Venereal Diseases.....	W. F. Snow.
108	Social Hygiene and the War.....	Do.
109	Washington, the Cleanest Capital in the World....	David Lawrence.
116	Recent Progress in New York's Venereal Disease Campaign.	
117	What Some Communities Have Done for the Protection of Morals and Health of Soldiers and Sailors.	Bascom Johnson.
121	Vice Repression as a War Policy.....	Walter Clarke.
124	Community Control of Venereal Diseases.....	F. J. Osborne.
132	California Program for Prevention of Venereal Diseases.	W. A. Sawyer.
149	Venereal Diseases in the Army, Navy, and Community.	Rt. Rev. Wm. Lawrence.
159	Social Hygiene and the War.....	Katherine B. Davis.
165	Educational Prophylaxis of Venereal Diseases....	H. E. Kleinschmidt.
168	Social Hygiene Legislation in 1917.....	Joseph Mayer.
175	The Social Hygiene Sergeant.....	W. A. Bradley.
176	Experiences of a Lecturer.....	Rachelle S. Yarros.
178	Social Hygiene and the War.....	M. J. Exner.
185	The Massachusetts Plan.....	A. N. Thomson.
188	Exhibit Catalog.....	
233	The Public Health Service Campaign Against Venereal Diseases.	C. C. Pierce.
234	The Work of the United States Interdepartmental Social Hygiene Board.	T. A. Storey.
235	The Sixth Division of the Bureau of Navigation..	C. B. Mayo.
236	The Red Cross Conference at Cannes.....	W. F. Snow.
241	Public Health Education and the American Army in France.	C. E. Barr.
242	Social Hygiene Publications.....	Will Irwin.
250	Conquering an Old Enemy.....	
263	What to Read.....	

PART 3.

SUPPLEMENTARY SYLLABI ON SPECIAL GROUP AND SPECIAL INTERGROUP HYGIENE.

Division 1.—SYLLABUS ON SPECIAL GROUP HYGIENE.

I. DOMESTIC HYGIENE OR HYGIENE OF THE HOME AND FAMILY.

1. *Site and location of the home.*—Influence of climate; soil; drainage; water supply; sewage; neighborhood; nuisances, such as smoke, fumes, dust, and noise; social life; school; hospitals and clinics; police and fire protection; health standards of communities; availability of department of health; availability of physicians and nurses; local morbidity; moral standards of community. Importance of sunshine, cheerful surroundings, and other influences that lead to health, happiness, and prosperity.
2. *Planning the home.*—Selection of house already built, selection of a tenement or apartment. Rooms in a family hotel.
3. *Construction and equipment of a home:*
 - (a) Material used.
 - (b) Number and variety of rooms. Living rooms, sleeping rooms, sleeping porches, dining room, social rooms, playroom, room for emergency, isolation and quarantine, bathroom, toilet accommodations, kitchen, pantry, storeroom, basement, attic, and closet. The small, medium-sized, and large house.
 - (c) Illumination. Candle, oil, gas, and electric; angle and direction of light; light reflectors; direct, indirect, and semi-direct illumination; location and size of windows; curtains, shades, awnings, and relation of covered porches to room illumination; interior color scheme.
 - (d) Heating and ventilating. Fireplace. Stoves: oil, gas, wood, and coal. Furnace: hot air, steam heat, hot-water heat. Location of heaters. Humidity. Temperature. Purity of air, dust, smoke, fumes, and odors. Motion of air; plenum and vacuum ventilation. Window ventilation, ventilation through fireplace, stove, and hot-air furnace.

3. *Construction and equipment of a home*—Continued.

- (e) *Cleaning.* Importance of smooth surfaces with no sharp angles to catch the dust. Sweeping, mopping, dusting, and vacuum cleaning. Disposal of refuse and garbage. Special problems in tenement houses, apartment houses, family hotels, and in neighborhoods in which families live close together.
- (f) *Bathrooms.* Tub and shower. Warm-water supply. Gas heaters. Stove heaters.
- (g) *Disposal of excretions.* The yard privy. House toilet. Cesspool. Community sewage systems.
- (h) *Porches, sun parlors, roof gardens, roof play and recreation arrangements.*
- (i) *Yard and yard buildings, size of yard.* Play and recreation space. Flower and vegetable gardens. Yard houses, barn, garage, playhouse, lounging space, hammocks, swings, tennis, croquet, quoit, etc. Limitations and possibilities in the rural home, the village home, and the city home. The home of the man in poor circumstances, of moderate means, and of considerable resource.

4. *Furniture.*—Postural considerations. Chairs, desks, lounges, tables, sinks, wash stands, bookcases, shelves, mantels, sideboards, beds, etc. Importance of comfort, attraction, and utility.

5. *Importance of cheerful, attractive surroundings.*—"Why worry" and "Keep busy."

6. *Hygiene of heredity.*—Preparation for parenthood, parental hygiene.

7. *Prenatal hygiene.*

8. *The hygiene of childbirth.*

9. *The hygiene of infancy, childhood, and youth.*—Special importance of each age period in the physical, moral, and mental growth and development of the child. Emphasis of various dominating factors in educational hygiene, constructive hygiene, informational hygiene, protective hygiene, and remedial hygiene. Habit-forming periods of supreme importance. Special problems of adolescence. Period of questions on matters of sex reproduction that calls for most careful parental consideration.

(a) Care of the baby.

(b) Care of young children.

(c) Care of the adolescent.

(d) Care of the young adult—the young woman and the young man.

(e) Care of the mother at different physiological and age periods.

10. *Family food supply*.—Quality, quantity, preparation, balanced diet modifications for different age periods, habits of eating. Great importance of cheerfulness at mealtime. (See discussion under Individual hygiene.)
11. *Care of excretions, respiratory and intestinal*.—(See discussion in General hygiene, the carriers of disease, etc.)
12. *Provisions and program for play, recreation, exercise, social life, and rest for parents and children*. The importance of wise employment of leisure time.
13. *The general education of the child*. Its hygienic aspects.
14. *The mental and moral health of the child and the parent*. Hygiene of the emotions.
15. *Work of older boys and girls and of parents*.
16. *Protective, preventive, and remedial hygiene in the home*. The common health-injuries of infants, children, adolescents, young adults and parents, their causes and carriers and their methods of defense. Emphasize particularly: The infectious diseases of children, malnutrition, adenoids and tonsils, bad posture, tuberculosis, influenza, dental troubles, typhoid fever, gonorrhea, syphilis, heart diseases, nervous diseases, malignant disease and the diseases of decay (nephritis, arteriosclerosis, apoplexy, and heart disease), and common local diseases (i. e., hookworm, pellagra, goitre).
17. *The sick room*.—Location in the home. Scanty general furnishings, equipment, ease of isolation, ease of supervision, and easy disposal of excretions.
18. *Family relations with other families of the neighborhood*. Inter-family hygiene.

II. SCHOOL HYGIENE.

THE SCOPE, OBJECTS, AND IMPORTANCE OF SCHOOL HYGIENE—ITS ECONOMIC AND SOCIAL VALUES TO PUPILS, PARENTS, AND COMMUNITY.

BUILDINGS AND GROUNDS.

1. *School buildings*.—(a) Importance of practical, experienced advice in planning a school building and school grounds. The school child is too often forgotten because of a competing interest in subjects, architecture, or furniture. (b) Types and construction of buildings for rural, village, or city schools; (c) site, neighborhood, accessibility; (d) location of building or buildings and grounds; (e) water supply; (f) drainage; (g) sewage disposal; (h) fire hazard; (i) entrances; (j) exits, fire escapes; (k) windows; (l) office rooms; (m) waiting rooms; (n) cloak

1. *School buildings*—Continued.

rooms or locker rooms: (*o*) lavatories, toilets, shower baths, and swimming pools; (*p*) indoor play space, gymnasium, entertainment hall, auditorium: (*q*) general limitations and possibilities in rural, village, and city communities.

2. *Lighting of school buildings*.—(*a*) Measurement of illumination; (*b*) angle of light; (*c*) direction of light, location of seats; (*d*) windows: (*e*) curtains and shades; (*f*) artificial illumination: (*g*) direct and indirect illumination: (*h*) electric, gas, and oil; (*i*) practical consideration in rural, village, and city schools.

3. *Ventilation and heat*.—(*a*) Temperature; (*b*) humidity; (*c*) motion of air: (*d*) dust: (*e*) odors, gases, and other impurities; (*f*) window ventilation; (*g*) plenum and vacuum systems; (*h*) air filters and humidifiers: (*i*) stoves: (*j*) furnaces; (*k*) steam heat: (*l*) hot-water heater; (*m*) limitations and possibilities in rural, village, and city schools.

4. Drinking fountains, wash rooms, toilet provisions, plumbing, and sewage. Varying possibilities in rural, village, and city schools.

5. *Provisions for cleaning*.—(*a*) Sweeping: (*b*) scrubbing: (*c*) vacuum cleaning: (*d*) treatment of floors: (*e*) construction of trim with no sharp angles or fretted work in which dust easily lodges and which are difficult to clean: (*f*) rural, village, and city possibilities.

6. *The classroom and its equipment*.—(*a*) Size and shape; (*b*) walls and ceiling: (*c*) floor: (*d*) windows and doors: (*e*) teacher's platform: (*f*) desks adjustable to different sizes of pupils and teachers: (*g*) aisles: (*h*) blackboards; (*i*) charts, maps, and screens: (*j*) books (size of type, color of imprint, etc.): (*k*) lavatory: (*l*) drinking font; (*m*) provisions for expectoration: (*n*) possibilities of the rural, village, and city school.

7. *Gymnasium, playroom, exercising hall*.—(*a*) Size; (*b*) shape; (*c*) height of ceiling: (*d*) floor; (*e*) platform; (*f*) ventilation; (*g*) illumination; (*h*) heating; (*i*) relation to locker and shower room; (*j*) facilities for cleanliness of room, trim, and equipment; (*k*) bulletin board for announcements; (*l*) screen, blackboard, charts, and diagrams; (*m*) equipment—practicality, safety, and maintenance; (*n*) shower baths and swimming pool; (*o*) limitations and possibilities of rural, village, and city schools.

8. *Assembly hall, auditorium*.—Provisions for entertainment in small, medium-sized, and large schools.

9. *Special rooms for:* (a) Health examinations; (b) isolation or detention; (c) rest and restoration; (d) domestic science; (e) manual training; (f) laboratory activities; (g) lunches; (h) restaurant facilities; (i) study rooms; (j) club or society meetings; (k) social activities; (l) limitations of smaller schools.
10. *Fire prevention and protection.*
11. *School grounds.*—Play space, recreation areas, athletic field, outdoor gymnasium, outdoor swimming pool, skating, tennis, baseball, football, track, etc.

THE HYGIENE OF INSTRUCTION.

1. *General considerations.*—(a) Individual capacity; (b) fatigue; (c) exceptional children; (d) subnormal children; (e) defectives; (f) school age; (g) coeducation.
2. *The pupil and the curriculum.*—(a) Size of classes; (b) school hours; (c) carrying of books; (d) inspection for cleanliness and health (the teacher should always be subconsciously alert to evidences of health abnormality in her pupils); (e) length of class periods; (f) “relief drills”; (g) recesses and recess programs; (h) lunch period—usually too short; (i) sequence or order of subjects; (j) the one or two session day; (k) part time schedule; (l) dual system; (m) home work; (n) extra work; (o) outside activities; (p) examinations, mid-term and final; (q) overwork; (r) discipline and punishments; (s) school suicides; (t) vacations; (u) field work; (v) school clubs for nature study, woodcraft, etc.; (w) athletic organizations and competitions.
3. *The hygiene of different school subjects.*—(a) Reading; (b) writing; (c) handwork; (d) domestic science; (e) manual training; (f) gymnastics, play, and athletics; (g) singing; (h) dangers of unwise sex instruction.
4. *Special schools.*—Open-air schools, malnutrition classes, schools for crippled children, blind, deaf and dumb, feeble-minded, delinquent, and incorrigible.

INSTRUCTION IN HYGIENE.

1. *General.*—(a) Hygiene in training schools for teachers. Every teacher should be as well prepared in hygiene as he or she is in English or arithmetic; (b) hygiene in elementary schools; (c) hygiene in secondary schools; (d) special opportunities, necessities, and difficulties in rural schools, village schools, and city schools. Organization proposed by the United States Interdepartmental Social Hygiene Board for instruction in hy-

1. *General*—Continued.

giene in the university, college, and normal school. Applicable to elementary and secondary schools, with such variation in instructional emphasis and with such safeguards as are logical for the age period covered.

2. *Content of*.—General hygiene, individual hygiene, group hygiene, and intergroup hygiene. Modifications, special emphases, and careful methods of presentation necessary, particularly in the elementary school.
3. *The principles and administration of physical training*.—Every teacher should be able to direct the play and games of school children and the common athletic activities of the older boys and girls. And every pupil should carry on such physical exercise as is within the limits of his strength.
4. *Health examinations*.—Frequency; scope, purpose; common health abnormalities, deficiencies, and defects found in school children; the school physician; school nurse; dentist; clinic; health conference; “follow up” of advice.
5. *Physical training*.—Gymnastic exercises; recreation; games; play; athletics; swimming; special provisions for pupils organically unfitted for regular physical activities; team and group organization; opportunities for effective, confidential relationship between physical training teacher and player.
6. *Special importance of sex hygiene*.—Opportunities for instruction in sex hygiene in connection with other subjects as well as hygiene; place of sex hygiene in the curriculum as a part of various subjects rather than a distinct subject separately presented.

HYGIENE OF THE TEACHER.

1. *Importance of health of teachers*.—(a) Should be considered in connection with the planning of school buildings and grounds and in connection with their furnishing and equipment; (b) teaching hours; (c) length of schedule; (d) preparation of work; (e) home work; (f) number of pupils in classes; (g) graded classes and ungraded classes; (h) segregated and mixed classes; (i) examinations; (j) reports; (k) discipline; (l) extra curricular obligations and activities; (m) relaxation periods; (n) vacations; (o) compensation.
2. *The effect of schoolroom, schedule, and curriculum conditions, sedentary life, nervous strain, and inadequate compensation*. The laws of hygiene are as unrelenting with the teacher as they are with anyone else. The teacher should be well educated and well informed in hygiene and should practice wise habits for the acquisition and the conservation of health.

III. NORMAL SCHOOL, COLLEGE, AND UNIVERSITY HYGIENE.

1. *Buildings, grounds, furnishings, and equipment.*—(a) Importance of experienced advice in planning educational buildings and grounds and in selecting appropriate furnishings and equipment. The purpose of each room and the well-being of its occupants should be seriously and persistently considered as a separate and special problem. (b) Site, surroundings, accessibility, drainage, exposure, water supply, sewage, local morbidity. (c) Buildings and space accommodations common in educational institutions: Administration building; class rooms; laboratories; assembly hall or auditorium; gymnasium, recreation hall, or playroom; swimming pool or shower rooms; locker rooms; special exercise rooms; dormitories; eating hall or restaurant; club rooms; chapel; library; building or space for examination; detention; isolation; treatment; and convalescence. (d) Special provisions necessary in such buildings for lighting, heating, ventilating, cleaning, water supply, toilet facilities, sewage. (e) Grounds. Playgrounds; recreation and athletic fields; provision for special games, such as baseball, football, lacrosse, and tennis. Provisions for outdoor entertainment, pageantry, etc. Such construction calls for special upkeep, repair and restoration, and special supervision. (f) Furnishing and equipment. Each special educational activity requires more or less special furnishing and equipment constructed and selected for its practical utility, pleasing appearance, and safety. These considerations apply particularly to laboratory furnishings and equipment, chairs, swimming-pool equipment, gymnasium furniture and apparatus.
2. *The hygiene of instruction.*—(a) Health requirements for admission; (b) practice of certain health habits required of students while in attendance; (c) periodic health examination; (d) size limit of classes; (e) length of school day and of instructional period; (f) number of hours permitted the students in weekly schedule; (g) lunch period; (h) interval between classes; (i) airing of recitation rooms; (j) dangers and safeguards of different subjects (chemistry, shop work, gymnastics, athletics, swimming); (k) preparation for class work; (l) examinations; (m) discipline; (n) vacations.
3. *Curricular and extra curricular activities, provisions, and requirements in hygiene.*
 - (a) Program for all students:
 - (1) Educational and informational hygiene.
 - a. Class instruction in general, individual, group, and intergroup hygiene.

3. *Curricular and extra curricular activities, provisions, and requirements in hygiene*—Continued.

(a) Program for all students—Continued.

(1) Educational and informational hygiene—Contd.

- b. Health examinations informing each individual concerning his health needs once each half year.
- c. Sanitary surveys—buildings, grounds, water and food supply, ventilation, heating, plumbing, etc., at frequent intervals.

(2) Corrective and reparative hygiene.

- a. Conferences following up advice given students at time of examination for the repair of defects, correction of habits. Confidential.
- b. Availability of competent, general, and special practitioners, hospitals, clinics, and facilities for special or modified exercise.

(3) Remedial hygiene.

- a. Provisions for first aid and emergency treatment. General. Special, as in chemistry, laboratory, shops, swimming pool.
- b. Availability of expert medical and surgical service.
- c. Detention hospital, general hospital, contagious ward, isolation ward, and other special hospital facilities.

(4) Protective and preventive hygiene.

- a. Protective hygiene. Considerations that should govern the planning and erection of buildings: selection of site; planning and laying out grounds, recreational facilities, athletic fields, playgrounds, swimming pools, etc.; water supply and plumbing; sewage disposal; heating and ventilating; lighting; cleaning; furniture and equipment; inspection of food supply, confections, and restaurant; curriculum; number of hours carried by the individual student; schedule hours; length of periods; sequence of periods; intermissions; lunch period; preparation for class requirements; examinations; supervision of social life; entertainment; recreation.

3. *Curricular and extra curricular activities, provisions, and requirements in hygiene*—Continued.

(a) Program for all students—Continued.

(4) Protective and preventive hygiene—Continued.

b. Preventive hygiene. Regulations governing possible exposure; infection; immunization; destruction of insect breeding and feeding places; identification and care of disease carriers, particularly tuberculosis, gonorrhea, typhoid, and syphilis.

(5) Constructive hygiene. Provisions and requirements governing—

- a. Student nourishment.
- b. Water and air.
- c. Care of excretions.
- d. Work, play, recreation, and athletics.
- e. Rest.

(b) Program for the instruction and training of students preparing to teach.

- (1) Same as program for all students. See (a) above.
- (2) Instruction in the methods of teaching or supervising hygiene in each of the subdivisions of that subject that may be required of any teacher. Games, play, relief drills, classroom inspections, classroom instruction in hygiene.
- (3) Experience with physical training activities of the classroom, playroom, and playground and the direction and administration of these activities.

(c) Program for the instruction and training of students preparing to teach hygiene.

- (1) Program for all students as outlined in (a) above.
- (2) Training in methods of teaching, supervising, and administering; classroom instruction in hygiene; physical training (games, play, recreation, and athletics); health examinations; conferences and consultations; sanitary surveys and inspections.
- (3) Instruction in the elements of the several sciences that are fundamental to hygiene: (a) Physiology; (b) anatomy; (c) parasitology; (d) general pathology; (e) psychology; (f) sociology; (g) economics.
- (4) Value of medical training and the training of the nurse in the preparation of the supervisor or director of hygiene.

3. *Curricular and extra curricular activities, provisions, and requirements in hygiene*—Continued.

(c) Program for the instruction and training of students preparing to teach hygiene—Continued.

- 1 (5) Requisite practical preparation in physical training. Seasoning and conditioning experience with common games and sports, gymnastics and aquatics.

IV. OCCUPATIONAL HYGIENE.

1. *General sanitation of places of work*—factory, store, shop, office, etc.

- (a) Location, exposure, drainage, surroundings, neighborhood, freedom from nuisances, water supply, sewage, community protection (health, fire, police, etc.).
- (b) Construction and equipment: Room, window, space, sunshine, fire protection, ventilation, heat, illumination, water supply, sewage, garbage, general safety constructions and appliances, bathing facilities, lunch rooms, locker rooms, dressing rooms, rest rooms, provision for recreation (indoor, roof, yard), emergency rooms and equipment, assembly rooms for health talks or entertainment.

2. *Special occupational health hazards and their control.*

- (a) Sedentary occupations: Importance of periods for relief drills and for vigorous recreation.
- (b) Hard labor: Value of rest at appropriate intervals, relation of fatigue to efficiency.
- (c) Long hours, monotony, bad posture.
- (d) Sex hazards in certain occupations.
- (e) Sources of special occupational injuries:
- (1) Sources of mechanical injury; industrial machinery, transportation, mining, manufacturing, etc.; safety devices.
 - (2) Physical agents that cause injury to workmen; electricity, heat (fire, steam, furnace work), light, extreme variations in atmospheric pressure; safeguards. Emphasize particularly resuscitation after electric shock.
 - (3) Sources of chemical injury; industries involving use of lead, nitrate of mercury, wood alcohol, and other chemical poisons; precautions; combinations of mechanical, chemical, and physical agents.

2. *Special occupational health hazards and their control*—Continued.
 - (e) Sources of special occupational injuries—Continued.
 - (4) Smoke, dust, gases, fumes, sewers, inhalation, ingestion, absorption, and inoculation.
 - (5) Pathogens common in special occupations.
 - (6) Physiological activities; emotional excesses (worry, apprehension, nervous tension, etc., neuromuscular excesses, writer's cramp); postural habits.
3. *Home hygiene and sanitation of workers.*
 - (a) Importance of the home habits and the leisure habits of the workers. Difficulty of providing satisfactory home hygiene for the worker.
 - (b) Review rapidly the main facts of domestic hygiene (see preceding term's outline).
 - (c) Emphasize: Habits of health information; habits of health examination; habits of health protection; and habits of adequate nourishment, effective excretion, productive work, stimulating exercise, attractive recreation and play, and satisfying rest.
4. *Social life of the worker, its health hazards and safeguards.*
5. *Standards of hygiene and programs for the working group.*
 - (a) The health of a whole group depends very much upon the health of each member within the group, and the health habits of the group must govern largely the health of each individual in it.
 - (b) For this and for other reasons the employer of workers should provide the sanitary and safe surroundings outlined above in paragraphs 1 and 2. Review.
 - (c) The day's program of work should provide opportunity for the practice of wise health habits; health talks for employees; health examination and health care for the worker; welfare departments, the lunch period, place and preparation in relation to the ingestion of chemical poisons (lead workers, etc.); special importance of rules for bathing in some occupations; serious importance of extreme care of excretions in such occupations as bread making, food handling, refreshment serving; rest periods and periods for recreation and games.
6. *Individual hygiene of the worker:* Informational hygiene (including literature and health examinations), the hygiene of correction and repair, protective hygiene, constructive hygiene. Occupation not infrequently becomes a contributory cause of poor health. On the other hand, alcohol, syphilis, gonorrhea, hookworm, malaria, etc., very often cause poor work or make the worker unfit to hold his job.

7. *Special consideration involved in child labor, woman labor, and the labor of older men.*
8. *Consideration of special type occupations, their health hazards and safeguards.* (Occupations should be selected for analysis and discussion that are common in the community to which the school belongs or in which the student lives.)

V. INSTITUTIONAL HYGIENE.

1. *Types of institutions included:*
 - (a) Institutions for the care of the acutely and chronically sick who may be cured, e. g., hospitals, general and special.
 - (b) Institutions for the incurable, e. g., homes or schools for the blind, deaf and dumb, the crippled, and the feeble-minded. Sanitaria and convalescent homes for advanced tuberculous patients. Hospitals for the insane, etc.
 - (c) Institutions for the delinquent and incorrigible, e. g., reform schools, houses of correction, reformatories.
 - (d) Institutions for the confinement of offenders against law and order, e. g., the jail and the prison.
 - (e) Institutions for the poor and the homeless, e. g., the orphan asylum, the foundlings' home, the poor farm.
2. *The planning of an institution:*
 - (a) The commission or board concerned with making such plans should have as a part of its membership at least men and women whose practical experience has given them direct and intimate contact with the general and special needs of the institution of the type that is to be planned.
 - (b) The type and details of plans must be suitable for the purposes of the institution.
 - (c) The large building with great wards compared with the group of small buildings on the "cottage plan." Utilities of each plan.
3. *The operating staff.*—The selection of personnel. The importance of health, experience, personality, and ability to do well the work laid out.
4. *Construction and equipment.*
 - (a) Material used in construction.
 - (b) Type, size, and number of rooms for: Administration, inmates, employees, sleeping rooms, instruction, play, recreation and entertainment, work and occupation, care

4. *Construction and equipment*—Continued.

- (b) Type, size, and number of rooms for—Continued.
and treatment, convalescence, bathing, preparation of meals, serving of meals, restrictive confinement in its various degrees, and for leisure time.
- (c) Illumination. (See discussion in syllabus of school hygiene or domestic hygiene.) Special needs of different types of institution, e. g., institutions for the blind or for the insane.
- (d) Heating and ventilating. (See syllabus on school hygiene or domestic hygiene.) Precautions necessary for irresponsible, homicidal, suicidal, or malicious inmates.
- (e) Cleaning. (See discussion in syllabus on school hygiene and syllabus on domestic hygiene.) Special consideration necessary in connection with institutions that care for inmates of low grade intelligence, malicious habits, and with certain diseases.
- (f) Central power house or plant for illuminating, heating, ventilating, vacuum system, and electrical power.
- (g) Bathing facilities specially devised for the particular type of institution concerned. Dangers of steam and hot water with the crippled and helpless. Importance of provisions for supervised bathing.
- (h) Disposal of excretions. Provisions for the normal inmate and for the helpless inmate.
- (i) Porches, sun parlors, roof parlors, and accommodations for play, games, and entertainment.
- (j) Yard and grounds. Play space, athletic field, garden, farm, dairy, etc. Yard and grounds and farm buildings. Barn, green houses, garage, tool house, work house, warehouse, milk room, chicken house, etc. Importance of sanitary and hygienic arrangements and supervision over these buildings.

5. *Furniture.* Fitted for the special purpose of the institution and for the individual requirements of the inmates. Plain and durable. Postural considerations.

6. *Importance of cheerful and attractive surroundings in the several types of institution.*

7. *Educational and informational hygiene in the institution.*

- (a) In institutions in which an educational program is carried out, the principles of educational hygiene apply as they do in the school.

7. *Educational and informational hygiene in the institution*—Con.
 (b) Some form of educational and informational hygiene could be effectively given in all institutions in which the inmates are not mentally incapacitated. The orphan's home, the school for the blind, the deaf and dumb, and for the crippled may present the hygienic problems of the normal or nearly normal child. The sanitarium calls for education and information connected with the defensive hygiene of tuberculosis or some other health injury responsible for the presence of the individual in the institution. The reformatory, the jail, and the penitentiary contain inmates who are in a large percentage of cases victims of venereal disease and of vicious sex habits. Their instruction and information concerning the causes, carriers, injuries, and defenses of syphilis, gonorrhea, and chancroid is both logical and important.
8. *Food supply for the institution.* Balanced diet. Food inspection. Good cooking. Habits of eating. Importance of cheerful, pleasing influences at meal time.
9. *Care of excretions.*
10. *Provisions and program for games and play.* Entertainment. athletics.
11. *Work of inmates and its relation to health and to future economic independence.*
12. *Protective and preventive hygiene in institutions.*
13. *Special provisions for remedial hygiene for recuperation and rehabilitation.* Developed to the greatest extent in the general and special hospital.
14. *Relations between the institution and the public.* Obligation of the institution to do everything it reasonably can to return its inmates to community life and health, and able to do something toward self-support.

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Division 2.—SYLLABUS ON SPECIAL INTERGROUP
HYGIENE.

I. RURAL HYGIENE.

1. *Rural educational hygiene.*

- (a) Important habits of self-information, of defensive hygiene, and of constructive hygiene that should be taught in rural communities.
- (b) The country medical practitioner as a teacher of hygiene.
- (c) The rural health nurse as a teacher in the home.
- (d) The rural school and educational hygiene.
- (e) State educational agencies in rural communities.
- (f) Federal agencies in rural communities.
- (g) Local, State, and National organizations, associations, and societies that are concerned with rural educational hygiene.

2. *Rural informational hygiene*.—Intimately associated with educational hygiene. Informational hygiene is too frequently called educational hygiene, but distinct separation is not always possible.

(a) Local tradition is the source of much superstition, misinformation, and lack of information.

(b) Local surveys, investigations, and inspections. Made by local agencies, State agencies, and National agencies.

(c) Literature, reports, bulletins, etc.

(1) Issued by county, State, or National governmental agencies in the interests of rural hygiene.

(2) Issued by State or National organizations or societies that are concerned with special phases of rural hygiene.

(d) Lectures, conferences, and so on from local, county, State, or Federal agencies concerned with the acquisition and conservation of health.

(e) Vital statistics. Reportable diseases, births, deaths.

3. *Rural defensive hygiene*.

(a) Hygiene of the farm. (See syllabus on domestic and home hygiene.)

(1) The farmhouse. Site; location; construction; rooms and their relations; illumination, natural and artificial; ventilation, natural and artificial; heating; cleaning; water supply; sewage and sewage disposal; bathing.

(2) The barn, the dairy, and other farmhouses. Relation to each other and to the living house; cleanliness; care of animals; care of milk; relation to the well; spring; removal of manure, etc.

(3) Fire protection.

(b) Rural school as an agency in defensive hygiene. (See syllabus on school hygiene.)

(1) The present-day status of the rural school, rural teacher, the rural pupil. The need for better schools, better trained teachers, longer school terms, and for better provision for instructional hygiene in rural communities.

(2) The rural school versus the graded rural union school.

(3) Modifications necessary to adapt curricula on hygiene to meet the needs of the smaller rural schools in spite of their limitations in size and material resources.

3. *Rural defensive hygiene*—Continued.

- (b) Rural school as an agency in defensive hygiene—Contd.
 - (4) Provisions for the better preparation in hygiene of the rural teacher.
 - (5) Need for greater facilities for play, recreation, athletics, and other physical training activities in rural schools.
- (c) Rural health officer as an agent of defensive hygiene. The rural board of health.
 - (1) Functions in relation to the health defense of the rural community: Search for, identify, take proper care of foci infection, carriers of disease, and probable source of health injury. Vital statistics. Quarantine. Regulation of medical practice, the practice of the nurse, the midwife.
 - (2) The safeguarding of streams, springs, and wells for the protection of the water supply. Elimination of insanitary privies, control of soil pollution. Control of the breeding and feeding places of flies, mosquitoes, and other insects. Supervision of diseased animals. Problem of human carriers.
 - (3) Supervision of dairies, slaughter-houses, etc.
 - (4) Law enforcement in relation to communities. Detention, quarantine, isolation, and commitment to institutions.
- (d) The rural nurse as an agent of defensive hygiene.
- (e) Defenses of rural water supply.
 - (1) Protection of streams and springs.
 - (2) The construction of special water supply. The protection of watershed. Regular examinations of water for drinking purposes. Treatment of water in case of pollution or infection.
- (f) Rural sewage and intergroup defensive hygiene. The pollution of streams and lakes, construction and care of cesspools, rural sewer systems, purification of sewage.
- (g) Rural garbage and refuse. Its collection and disposal. Economic problems involved.
- (h) Rural hospital, clinic, and emergency service. Local, rural community usually without sufficient resource with which to meet the expense of this agency of defensive hygiene. Need of help from the larger combinations of groups, i. e., county, State, or National Government.

3. *Rural defensive hygiene*—Continued.

- (i) Rural care of mental cases: Crippled, orphan, blind, deaf and dumb, homeless, and poor.
- (j) Intergroup programs of defenses against certain more important diseases common in rural communities.
 - (1) Typhoid fever.
 - (2) Tuberculosis.
 - (3) Gonorrhea and syphilis.
 - (4) Hookworm.
 - (5) Pellagra.
 - (6) Malaria and yellow fever.

4. *Rural constructive hygiene.*

- (a) Rural food supply. Rural nutrition.
- (b) Rural provision and custom in relation to play, games, recreation, and athletics.
- (c) Rural work.
- (d) Rural rest.

5. *Emphasis of the usual insufficiency of the local rural resource to meet the needs of the rural community for better education, better information, better protection, and better opportunities for the acquisition and conservation of health.* State the mental obligation and responsibilities of larger units; the county, State, or National Governments to spend public money and apply expert public service for the support of those localities that are unable to supply such resources themselves.

II. CITY OR MUNICIPAL HYGIENE.

1. *Provision for educational hygiene.*

- (a) Municipal agencies that are related to educational hygiene in the home. The neighborhood nurse. The school nurse. "Classes" for prospective mothers. Mothers' classes. Infant feeding stations, and so on.
- (b) Public lectures, talks, conferences, demonstrations on general and special health subjects carried on by the department of health, department of education; extension courses in universities and by local societies and organizations.
- (c) School curricula on hygiene, physical education, and physical training.
- (d) School medical inspection as a factor in educational hygiene.
- (e) Special health educational measures for working people.

2. *Provision for informational hygiene.*

- (a) Appropriations for service, investigations, inspections, and reports for the control of such things as infantile paralysis, typhoid fever, influenza, prostitution, and so on.
- (b) Establishment and support of research laboratories.
- (c) Economic, sociologic, psychological, and medical researches for information on health.
- (d) Vital statistics.
- (e) Health examinations in schools, hospitals, clinics, and the great insurance companies.
- (f) Distribution of information secured through (a), (b), (c), (d), and (e), above; and secured also from special agencies outside the community. Importance of literature, lectures, conferences, demonstrations, moving pictures, and so on.

3. *Discussion of municipal provisions and agencies for defensive hygiene.* (Protective hygiene, preventive hygiene, remedial and aggressive hygiene.)

- (a) Laws, ordinances, and regulations governing buildings—the material, structure, their size, height, location, construction, ventilation, illumination, heating, plumbing, sewage service, cleaning, size of rooms, congestion, and so on.
- (b) Organization and functions of a municipal department of health.
- (c) Municipal control of milk supply, slaughter-houses, and other sources of food supply.
- (d) City defensive hygiene in the regulation of transportation agencies: Street cars, trains, subways, elevated trains, ferryboats, passenger trains, and boats.
- (e) The defensive hygiene of city traffic regulations.
- (f) Municipal street cleaning.
- (g) City sewage systems.
- (h) City illumination—park and public places.
- (i) City water supply.
- (j) Fire protection.
- (k) Police protection—enforcement of municipal health laws.
- (l) Garbage and refuse disposal.
- (m) Regulations of smoke, noise, fumes, odors, and other nuisances.
- (n) Organization and health-defending functions of city hospitals, clinics, detention homes, and so on.

3. *Discussion of municipal provisions and agencies for defensive hygiene*—Continued.

- (o) City institutions, orphans' homes, houses of correction, reformatories, and other city institutions concerned with the defense of human life and health.
- (p) Aggressive municipal hygiene. Special city programs for the control or eradication of certain diseases, e. g., malaria, typhoid fever, yellow fever, syphilis and gonorrhea, smallpox, infantile paralysis, influenza. Programs for the control of malnutrition, for the control of occupational diseases, and for the control of accidents.

4. *Discussion of village, city, or municipal constructive hygiene.*

- (a) Community influence on adequate food supply and nourishment—
 - (1) Regulation of transportation facilities.
 - (2) Regulation of hours of labor, lunch period.
 - (3) Municipal wages.
- (b) Parks, playgrounds, recreational centers, etc., in relation to the play, games, recreation, athletics, and entertainment of the community.
- (c) School activities in constructive hygiene. School playgrounds, games, athletics, physical training.
- (d) College and university provisions.
- (e) Athletic clubs and other community recreational organizations.
- (f) Other city club or municipal agencies concerned with recreation, play, athletics, and healthful entertainment.
- (g) Municipal control of noise and other rest-disturbing factors.

5. *Intercommunity hygiene.* Problems that arise between villages and between cities. Water supply, sewage disposal, smoke, odors, and fumes. Common streams, lakes, and water fronts; interurban transportation; quarantine; the city and the suburbs; travel.

III. STATE HYGIENE—HYGIENE OF THE COMMONWEALTH.

1. *Legislative basis of official State activities and requirements in educational, informational, protective, preventive, remedial, aggressive, constructive, and reconstructive hygiene.*

2. *Educational hygiene of the State.*

- (a) Provisions for educational hygiene under the State educational law. Requirements in hygiene, physical education, and medical inspection. Applications to elementary and secondary schools—public, institutional, private—colleges and universities. Special laws of New York, California, and New Jersey.
- (b) Regulations of the State department of education. See programs and syllabi on hygiene, physical education, and so on—State of New York, California, New Jersey, Indiana, Michigan, Virginia, Rhode Island, and Nevada.
- (c) Provisions for educational hygiene in State health laws. Requirements and regulations of the State department of health.
- (d) Educational hygiene in other divisions of the State government.
- (e) Programs of educational hygiene developed by State societies, organizations, and associations.

3. *Informational hygiene of the State.*

- (a) Agencies for the acquisition of information.
 - (1) Special investigations, inspections, and examinations. Special functions of departments of health.
 - (2) Special research commission.
 - (3) Laboratories for scientific investigations: Departments of health, colleges, medical schools, etc.
- (b) Agencies for the distribution of information.
 - (1) State departments of health, schools, colleges, universities, and public organizations.

4. *Defensive hygiene of the State.*—Organization and functions of agencies concerned with protective, preventive, remedial, and aggressive hygiene.

- (a) Organization and functions of the State department of health.
- (b) Organization and functions of the elementary schools and higher educational institutions of the State in relation to defensive hygiene. The State department of education.
- (c) Organization and functions of certain State institutions concerned with defensive hygiene. Hospitals, clinics, reformatories.
- (d) Organization and relevant functions of certain State boards and commissions that are concerned with defensive hygiene. The public service commission. Commission on highways, waterways, canals, conservation of food, industrial relations, and so on.

4. *Defensive hygiene of the State*—Continued.

- (e) State police and other law-enforcement agencies.
- (f) Important voluntary agencies. Medical societies, religious organizations, educational societies, civic leagues, business men's leagues, labor unions, special health societies.
- (g) Special aggressive programs. Law-enforcement committees and commissions. Campaigns against typhoid fever, hookworm, influenza, syphilis and gonorrhea, malaria, and so on.

5. *The constructive hygiene of the State:*

- (a) The beneficial control and improvement of civilian nutrition by the State or by agencies that influence the State.
- (b) State parks, playgrounds, and highways as recreational provisions.
- (c) State control of hours of labor—the eight-hour day in relation to constructive hygiene.

6. *Reconstructive hygiene of a State.*—Function of reformatories with special relationship to the feeble-minded, the delinquent, the prostitute, and the crippled.

7. *Interstate hygiene:*

- (a) Interstate agreements for protective, preventive, and aggressive hygiene.
- (b) Interstate constructive hygiene. Parks, water supply, highways and their relationship to recreation, to play, and to entertainment.

8. *The economic and social values of intergroup hygiene to the State.*

IV. FEDERAL OR NATIONAL HYGIENE AS A DIVISION OF INTERGROUP HYGIENE.

The central National Government has the authority, the power, and the resource necessary for the acquisition and maintenance of a high grade of intergroup hygiene for the Nation as a whole.

1. *National intergroup educational hygiene.*

- (a) Federal intergroup educational hygiene.
 - (1) Division of school hygiene, Bureau of Education, of the Department of the Interior. Other divisions of the Bureau of Education engaged in educational hygiene.
 - (2) The United States Interdepartmental Social Hygiene Board and its programs for educational hygiene.
 - (3) Educational hygiene in the Army.
 - (4) Educational hygiene in the Navy.
 - (5) Educational hygiene in the U. S. Public Health Service.

1. *National intergroup educational hygiene*—Continued.

(b) National intergroup educational hygiene agencies other than those of Federal origin.

- (1) Various educational foundations.
- (2) National educational associations.
- (3) The greater colleges and universities.

2. *National intergroup informational hygiene.*

(a) Discussion of Federal agencies engaged in acquiring information concerning scientific facts of hygiene.

- (1) Medical service of the Army.
- (2) Medical service of the Navy.
- (3) Medical service of the U. S. Public Health Service.
- (4) Bureau of Education.
- (5) Children's Bureau.
- (6) Department of Agriculture.
- (7) Special commissions.

(b) Federal agencies engaged in distributing educational information.

- (1) The Army.
- (2) The Navy.
- (3) The Commission on Training Camp Activities.
- (4) The War Camp Community Service.
- (5) The United States Public Health Service.
- (6) Bureau of Education.
- (7) Children's Bureau.
- (8) Bureau of Animal Industry.

(c) National agencies other than governmental engaged in acquiring information concerning the laws of hygiene.

- (1) The great universities and medical schools that carry on research activities.
- (2) Special laboratories and centers of investigations and researches.
- (3) International Health Board.

(d) The more important national agencies other than governmental that are engaged in distributing informational hygiene.

- (1) Educational societies and organizations.
- (2) Medical associations.
- (3) Health societies and organizations.
- (4) Organizations for the control of special diseases, such as tuberculosis, gonorrhea, and syphilis.
- (5) The great insurance companies.
- (6) Societies and associations concerned with constructive hygiene, e. g., play, athletics, recreation.
- (7) Certain magazines, journals, and publishing houses.

3. *The defensive hygiene of the Nation.*—Organizations and functions of some of the agencies that are concerned with national protective, preventive, remedial, and aggressive hygiene.

- (a) The organization and functions of the Medical Corps of the Army. Other provisions of the Army.
- (b) The organization and functions of the Medical Corps of the Navy. Other provisions of the Navy.
- (c) The organization and functions of the U. S. Public Health Service.
- (d) The organization and functions of the U. S. Interdepartmental Social Hygiene Board.
- (e) The organization and functions of the Bureau of Animal Industry, Department of Agriculture.
- (f) The organization and functions of the Red Cross.
- (g) The organization and functions of the committees on training camp activities during the Great War.
- (h) The organization and functions of the International Health Board.
- (i) Special commissions for aggressive hygiene.
 - (1) Eradication of malaria.
 - (2) The eradication of hookworm.
 - (3) The eradication of yellow fever.
 - (4) The eradication of cholera.
 - (5) The eradication of typhoid.
 - (6) The eradication of gonorrhea and syphilis.
 - (7) The eradication of pellagra.
 - (8) The eradication of trachoma.

4. *National constructive hygiene.*

- (a) Constructive hygiene in the Army.
- (b) Constructive hygiene in the Navy.
- (c) Federal measures for adequate food supply.
- (d) Federal measures for recreation, play, entertainment, national parks.
- (e) Federal measures for rest—the eight-hour day, vacation, and so on.

5. *National reconstructive hygiene.*

- (a) Reconstruction program for the wounded, injured, invalided, and crippled in the Army and in the Navy. Program of the U. S. Public Health Service.

V. MILITARY AND NAVAL HYGIENE AS A DIVISION OF INTER-GROUP HYGIENE.

The armies in all history up to the campaign between Russia and Japan suffered more from disease than from war. Good military hygiene will save more lives than peace with the best of the poor hygiene that peace has yet been able to apply.

I. APPLICATION TO THE INDIVIDUAL SOLDIER AND SAILOR.

1. *Informational hygiene for the individual soldier.*
 - (a) Literature.
 - (b) Lectures and demonstrations.
 - (c) Medical examination and advice; importance.
 - (d) Health warnings and their safe interpretation.
 - (e) Obsessions, apprehensions, misinterpretations of feelings.
 - (f) Unsafe traditions in the Army.
2. *Protective measures in the Army and Navy in relation to:*
 - (a) The agents that injure the health of the soldier:
 - (1) The inanimate agents—mechanical, physical, chemical.
 - (2) The animate—bacteria, protozoa, and other plants and animals.
 - (3) Physiological influences, emphasizing especially emotional influences, fatigue, sexual excesses.
 - (4) Deficiencies and deprivations, emphasizing importance of interesting healthful play, recreation, and exercise.
 - (5) The unknown agents.
 - (b) The carriers of pathogens:
 - (1) The human carrier; emphasize especially protection against tuberculosis and venereal diseases.
 - (2) Insect carriers, especially the louse, mosquito, and fly.
 - (3) Animal carriers.
 - (4) Contact infections; the prostitute and the roué.
 - (5) Secondary carriers; dust, dirt, infected water, milk.
3. *Habits of bodily care for the soldier and the sailor.*
 - (a) Hygiene: The skin, muscles, bones, joints, feet, nails, hair, ears, eyes, nose, throat, teeth, lungs, heart, arteries, circulation, digestive tract, and digestion, kidneys, bowels, reproductive organs, heredity, mind, nerves, and emotions. Emphasize especially care of the feet.

3. *Habits of bodily care for the soldier and sailor*—Continued.

(b) Constructive hygiene: Emphasize especially value of good digestion, adequate nourishment and excretion, fresh air, cheerful, attractive play, recreation and exercise, and the right sort of rest. Emphasize also the supreme importance of fine condition upon which to develop the special training for strength, endurance, and skill necessary in the life of the soldier.

4. *Importance of individual hygiene of the soldier*.—It is the stuff that makes the Army. The sick soldier is a liability. The soldier that needlessly exposes himself is worse than a slacker—he may be as injurious to the Army as a spy. The men that fight longest and hardest, the men that can keep on fighting when others are worn out—those men will be in the Army that wins.

II. APPLICATION TO SOLDIERS IN GROUPS—THE TENT.

The health of a tent depends upon the health standards of every man in the tent.

1. *Responsibility of each man in a tent or in a barracks for good, safe, and regular habits of—*

(a) Health examination.

(b) Bodily care and care of special organs.

(c) Correction and repair of defects.

(d) Health protection against the causes and carriers of disease.

(e) Constructive hygiene.

2. *Necessity for discipline, especially in the matters of hygiene and sanitation.*

III. APPLICATION TO THE MILITARY CAMP OR THE SHIP.

The health and therefore the fighting resources of a camp or of a ship depends upon the health of every company of which it is composed. The man that fails to take care of himself hurts not only himself but also his company and the larger unit of which the company is a part.

1. *Importance of special camp measures for—*

(a) Rapid and accurate information concerning the presence in the camp of the agents that injure health or of the carriers of disease.

(b) Early and effective treatment of men sick, especially those sick with transmissible disease.

(c) The establishment of drastic precautions and provisions for the exclusion of disease carriers.

1. *Importance of special camp measures for*—Continued.

- (d) The practice of health habits that save men's lives and enable them to fight longer and harder—i. e., habits of health information, bodily care and repair, health protection, and especially those habits of constructive hygiene that bring vigor, strength, skill, and endurance (play, recreation, exercise, athletics, and special drills).

IV. APPLICATION TO THE ARMY OR THE NAVY.

The health standards of the soldier, or of the tent, or of the camp can not be higher than the standard set by the Army or Navy or by the control back of them.

1. Importance of safe information and practical directions to officers and men, and the importance to the central command of immediate and accurate information concerning morbidity and mortality—the vital statistics of the Army and of the Navy.
2. Provisions made by the Army and Navy for the examination and treatment of men.
3. Provisions for the practice of habits of individual hygiene—especially play, recreation, and athletics.
4. Provisions for the exclusion or control of the agents that injure health and the carriers of disease.

V. APPLICATION BETWEEN SOLDIERS AND THE INHABITANTS OF TERRITORY OCCUPIED—CIVILIAN, MILITARY, FRIENDLY, NEUTRAL, AND UNFRIENDLY.

1. An army has not only its own health problems to deal with; it is also concerned with the health conditions in the territory it occupies. It has also a concern with the influence it may have on its surroundings, and, when its men are discharged, upon the health conditions they may find or injure when they reach home.
2. Standards of hygiene established between opposing armies by international law.
3. Provisions made between military camps and their civilian environmental communities for mutual protection against the agents that injure health and the carriers of disease.
4. Recreational and athletic activities provided in camp environment.
5. The control of health dangers to and from armies of invasion and occupation.
6. The control of the health hazards that attend demobilization and return to civilian life.

VI. INTERNATIONAL HYGIENE.

1. *International educational hygiene.*

- (a) International educational commissions.
- (b) International congresses on tuberculosis, hygiene, and demography and school hygiene.
- (c) International functions of the Red Cross.
- (d) An international board of health.

2. *International informational hygiene.*

- (a) International commissions established for scientific investigations.
- (b) International vital statistics.

3. *International defensive hygiene.*—National agencies concerned with preventive, protective, remedial, and aggressive hygiene in their international relationships.

- (a) Problems of immigration and emigration.
- (b) Problems connected with international highways, waterways, canals, travel, transportation of animals, and animal products.

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